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**World Alliance of Shorinjiryu Karatedo**

**W.A.S.K. MEMBERSHIP REGISTRATION FORM**

|  |  |
| --- | --- |
|  | **No** |
| **Given Name** | **Family Name** |
| **Address** |
| **Email** |
| **Style** | **Dojo Name** |
| **Dojo Address** | **Sensei’s Name** |
| **Year Stated Karatedo.**  | **Present Rank.**  |
| **Certificate №**  | **Issue Date** |

I, the undersigned declare upon my honour all the above-mentioned information is correct, and after having acknowledged all the regulations, join the World Alliance of Shorinjiryu Karatedo and to obey those regulations. I respect the ethical code to be a member of the WASK.

 **Signature Date**