

(Signature with Date)

松濤館空手連盟 Shotokan Karate Federation

日本松濤館空手道犬童 Japan Shotokan Karate-Do India

Registration for Membership

(Signature/Seal with Date)

Organization: Instructor's Name:	
State	
Country:	
Mobile/Landline:	
Email Address:	
Term	ns and conditions:
 every calendar year). The application will be processed by Shil will be accepted as a full member in SKF months. 	chan Rajendran personally. Before the registrant organization a temporary membership will be granted for upto 12 datory to invite Shihan Rajendran for a seminar before ation.
We have read the above and	d comply with the terms and conditions.
(Organization Name)	For Shotokan Karate Federation
(Instructor Name)	SKF Instructor