

Haku Shin Kai Kobudo Kyokai

伯心会古武道協会

Shin Ken Kai Canada

心剣会カナダ

Membership Application Form

Member Name: _____

Address: _____

Telephone: _____

Email: _____

Practice Dojo: _____

Date of Application: _____

Birthdate: M D Y **Age:** _____

Current Iaido Dan Rank [if any]: _____

Acquisition Date: M D Y

Grading Organization: _____

Enrollment Fee: \$20

Yearly Membership Fee: \$50

*Please attach the Enrollment and Membership Fee to this application. Total of \$70.