



International Shaolin Kempo Karate Association

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561-743-1466
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www.iskka.com

Membership Form

Student Information

Name: _____ Date: _____
Address: _____ Apt #: _____
City: _____ State: _____ Zip: _____
Birth Date: ____ / ____ / ____ Age: _____
Present Rank: _____ Style: _____ Date Achieved: _____
Work Phone: _____ Home Phone: _____
Fax: _____
Email: _____

Club / School Information

Club / School Name: _____ Instructor's Name: _____
Club / School Address: _____
City: _____ State: _____ Zip: _____

Certification of Instructor

I certify that this student has obtained the rank listed above, and I hereby recommend him/her for membership in the ISKKA.

Signature of Instructor: _____
Instructor Name (print): _____ Date Recommended: _____
Club Name: _____
Club Address: _____

Payment Information

Please Charge my: Visa Mastercard I am paying via check Amount: \$ _____
Credit Card #: _____ Expiration Date: _____
Name as it appears on the card (print): _____
Signature: _____

Three Year Membership Fees: \$50.00 per member.
Mail this form to ISKKA at the address and above along with the appropriate payment. Emailed forms will not be accepted.
Certificates will be mailed to your club / school address.

Official Use Only

___ Entered
___ Payment Processed
___ Certificate Mailed