



# Tournament Karate Association Membership Application



\$40.00

TKA Membership #: \_\_\_\_\_

Member

Renew

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Current Age: \_\_\_\_\_ M  F

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Current Rank: \_\_\_\_\_

Instructor: \_\_\_\_\_ Instructors Rank: \_\_\_\_\_ Style: \_\_\_\_\_

Dojo: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

All applications must provide a copy of your current rank certification and or written acknowledgment of rank that has been signed and dated by the school/instructor/Sensei. In completing and submitting this form for review, the applicant testifies to the accuracy of the information provided. If any of the provided information is inaccurate, forged, or falsified, the applicant acknowledges possible consequences including exclusion of membership. This organization and associated schools operate on the principles of camaraderie, fellowship and karate ethics. We require that all joining members and schools act accordingly and conduct themselves in an acceptable manner for the benefit of all.

Legal Name: \_\_\_\_\_ If under 18 years of age, Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Make Checks payable to: Tournament Karate Association (TKA). 426 E. McGalliard, Muncie, IN 47303. (765-288-5000)