



王冠 松涛館空手国際

Wankan Shotokan Karate International

MEMBERSHIP APPLICATION FORM

Date :

Name :

Date of Birth : Nationality :

Contact / Address :

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Contact No. :

WhatsApp No. :

E-mail :

I, hereby promise to obey the rules and regulations of the WSKI

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Signature of Applicant

Recommended By :

.....
Verified by General Secretary

.....
Approved by Chairman

OFFICIAL USE

Reg. No.

Issued Date :

E-mail : wankanshotokan@gmail.com

www.wankanshotokan.com