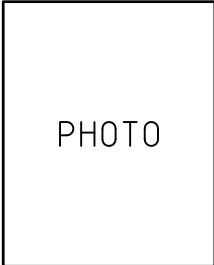


JAPAN KARATE ASSOCIATION OF AUSTRALIA

Branch :



Name: _____

Member No: _____

Nationality: _____ Joined: _____

Kihon	Kata	Kumite	Date
Sho Dan			
Ni Dan			
San Dan			

Kyu	Cert No.	Stamp
10 th		
9 th		
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OFFICIAL EXAMINER

MEMBER DETAILS

Name: _____ Date Of Birth: _____

Member No: _____ Date Joined: _____

Address: _____

Nationality: _____ Phone: _____

Email: _____ Mobile: _____

Emergency Contact: _____ Phone: _____

Relationship: _____ Mobile: _____

Other: _____

