



**IDAHO KENDO KAI, INC.
MEMBERSHIP REGISTRATION**

Upon the completion and signing of this form, I agree to abide by the rules and regulations of Idaho Kendo Kai, Inc. (hereinafter “the Club”).

I understand that I may resign my affiliation with the Club at any time, provided that all indebtedness to the Club has been paid in full and that any Club equipment has been returned and that my resignation has been submitted in writing to either a member of the Board of Directors or to one of the Instructors.

Please provide the requested information below by printing clearly and legibly as follows:

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: WORK (____) _____ HOME (____) _____

EMAIL: _____

DOB: _____

HEIGHT: _____ WEIGHT: _____

RANK (if any): _____ DATE RECEIVED: _____

PREVIOUS KENDO EXPERIENCE: _____

WHERE? _____

DURATION? _____

IN CASE OF EMERGENCY PLEASE NOTIFY: _____

NAME: _____

RELATIONSHIP: _____

ADDRESS: _____ CITY: _____ STATE: _____

PHONE: _____

Signature: _____

(Guardian): _____

Date: _____