



SEIBUKAN
BUDO 正武館 武道
FRANCE

国際正武館武道

SEIBUKAN BUDO INTERNATIONAL

seibukanbudofrance@gmail.com

INTERNATIONAL

MEMBERSHIP APPLICATION FORM

paste 1 photo
here

Forward the completed application form, 1 recent passport size photos, copies of your most recent certificate(s) of rank and any other relevant documents to the Seibukan Secretary.

Contact Information

Date of Birth: _____
(DD/MM/YYYY)

Name: _____ Male/Female

Address: _____
(Street) (City, state/province, postal code) (Country)

Nationality: _____ Telephone: _____ Email: _____

Membership Level: Associate Validation / Homologation

Education & Professional Background

Education Received: _____

Occupation: _____ Years in Profession: _____

Martial Arts Background

Total Years of Study: _____ Member of Club/Dojo: _____

Primary Style(s): _____

Current Rank(s) and Issuing Organization(s): _____

Application Recommended by (Teacher / Sensei): _____

Martial Art

- Karatedo Jujutsu / Taijutsu Aikido / Aikijutsu / Aikibudo
 Kobudo: Kenjutsu · Iaijutsu · Jojutsu · Tanbojutsu Other (specify) _____

I hereby certify that the information contained in this application is true and accurate to the best of my knowledge,

Applicant's signature

Date (yyyy/mm/dd)