



Picture

KSKA Membership Application Form

(Please write in block capitals)

Given Name(s):

Family Name(s):

Address:

Country:

Email:

Telephone:

Date of Birth:

Gender:

Current Dan Grade:

Organisation:

Date of Examination:

Examiner(s):

If your application is supported by a Member of the KSKA Shihankai or Senior Academy Member please provide their name:

With your signature you allow us to publish on our website www.KSK-Academy.org and in accordance with GDPR, your name, Dan grade, organisation and member status. Our records are maintained in accordance with the GDPR.

Date:

Signature:
