



KSKA Membership Application Form

(Please write in block capitals)

Picture

Given Name(s):

Family Name(s):

Address:

Country:

Email:

Telephone:

Date of Birth:

Gender:

Current Dan Grade:

Awarding 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:

Signature:

Date:

Please attach any supporting documentation:

With your signature you are allowing the KSKA to publish your information on our database www.KSK-Academy.org that will be retained in accordance with the requirements of the GDPR details including; name, address, contact details, Dan grade, awarding organisation and membership status. Our records are maintained in accordance with the GDPR. You can request that your record be deleted at any time and this request will be respected. Membership records are deleted as a matter of course following a period of two years of non-payment, inactivity or dormancy with regard to activities relating to the KSKA. The KSKA expect that Members abide by the Code of Conduct copy of which can be found on the above website.