



国際武道院・国際武道連盟

KOKUSAI BUDOIN, IMAF
INTERNATIONAL MARTIAL ARTS FEDERATION
WORLD HEADQUARTERS, JAPAN

Membership Application Form

paste 1 photo here
attach 3 more with
the application
form

Please type or print carefully. Forward the completed application form, 4 recent passport size photos, copies of your most recent certificate(s) of rank and any other relevant documents to the regional IMAF representative. See Contact Info at www.imaf.com.

Contact Information

Date of Birth: _____
(yyyy/mm/dd)

Name: _____ Male/Female
(family) (given)

Address: _____
(street) (city, state/province, postal code) (country)

Nationality: _____ Telephone: _____ Email: _____

Membership Level: Regular Associate Affiliate

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: _____

Division

Judo Kendo Karatedo Aikido Iaido Nihon Jujutsu Kobudo

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)

Name in Japanese Katakana: _____

OFFICIAL USE ONLY, PLEASE DO NOT WRITE IN THIS SECTION

Application reviewed by: _____
name / 氏名 date / 年月日