

American Karate Black Belt Association / Chin Sook Hage Kwan

APPLICATION FOR AFFILIATION

An Affiliate Member must hold a third dan or above and be the owner or head instructor of a school.

(You can apply as an "Associate" Member if you do not meet these qualifications.)



Name of School/Organization _____ Date _____

Phone _____ Fax _____ E-mail _____ Website _____

Address _____

City _____ State _____ Zip _____ Country _____

Owner/Chief Instructor's Name & Title _____ Age _____ DOB _____

The "Affiliate" membership rests with this individual. Should this person retire or otherwise leave the school or organization the AKBBA/CSHK Affiliation will become null and void until and when the new owner/head instructor applies for a new Affiliate Membership.

Home Address _____

City _____ State _____ Zip _____ Country _____

Martial Style _____ Current Rank _____

Your Instructor _____ Instructor's Rank _____

On a separate sheet briefly explain why you wish to affiliate with the AKBBA-CSHK and what you are expecting from this organization. You must ALSO create a complete, Personal Martial Arts Resume (see the "resume" sheet for what must be included).

I agree to abide by all the rules and regulations of the American Karate Black Belt Association/Chin Sook Hage Kwan. I understand that violation of any rules of the association standards or requirements may result in revocation of my affiliation as well as mine and my students' AKBBA-CSHK certified rank. I furthermore understand that the AKBBA/CSHK does not accept responsibility and/or liability for any action, in any manner, undertaken by any affiliate or their agent.

Signature _____ Date _____

Application Approved by _____ Date _____

AKBBA-CSHK Officer