



Shotokan Karate Association of Thailand

Member Application Form

Member No. _____

Name (Thai) : _____

Name (English) : _____

Gender : ☐ Male ☐ Female Nickname : _____

Dojo : _____ Rank : _____

Birthday : (dd/mm/yyyy) _____ / _____ / _____



Home Address : _____

Tel : _____ Mobile / Pager : _____

E-mail Address : _____ ☐ Mailing list.

☐ Studying

Institute : _____ Faculty : _____

☐ Working

Company Name : _____ Title : _____

Tel.: _____ Ext : _____ Fax : _____

Signature : _____

(_____)

_____ / _____ / _____

(For officer use only)

Member No: _____ Registered Date : _____

Application Fee : _____ Recieved by : _____

Database Key-In Date : _____