



Ontario
Karate
Federation

INDIVIDUAL MEMBERSHIP REGISTRATION 2017

SELECT MEMBERSHIP TYPE:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Black Belt
Competitive \$60 | <input type="checkbox"/> Black Belt
Recreational \$40 | <input type="checkbox"/> Kyu (Coloured) Belt
Competitive \$45 | <input type="checkbox"/> Kyu (Coloured) Belt
Recreational \$30 |
|---|--|--|---|

All cheques payable to **Ontario Karate Federation**. Postdated cheques cannot be accepted.

SELECT PARTICIPATION TYPE:

- | | | | |
|-------------------------------------|------------------------------------|--------------------------------|-----------------------------------|
| <input type="checkbox"/> Competitor | <input type="checkbox"/> Volunteer | <input type="checkbox"/> Coach | <input type="checkbox"/> Official |
|-------------------------------------|------------------------------------|--------------------------------|-----------------------------------|

Participant Information

FIRST NAME:	<input type="text"/>	LAST NAME:	<input type="text"/>		
ADDRESS:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
PHONE:	<input type="text"/>	ALT. PHONE:	<input type="text"/>	EMAIL:	<input type="text"/>
DATE OF BIRTH:	<input type="text"/>	GENDER:	<input type="checkbox"/> FEMALE	<input type="checkbox"/> MALE	

Parent / Guardian Information (if Participant is under 18 years of age)

FIRST NAME:	<input type="text"/>	LAST NAME:	<input type="text"/>		
PHONE:	<input type="text"/>	ALT. PHONE:	<input type="text"/>	EMAIL:	<input type="text"/>

Dojo Information

DOJO NAME:	<input type="text"/>	SENSEI NAME:	<input type="text"/>
PHONE:	<input type="text"/>	EMAIL:	<input type="text"/>

Office Use Only

DATE RECEIVED	CHQ AMOUNT	CHEQUE #	CHEQUE DATE	PROCESSED