

Edmonton JKA

Application for Membership / Update of Information

Name:

Date:

Full mailing address

Edmonton, Alberta

Phone

Home: (780)

Work: (780)

Cell: (780)

Fax: (780)

E-mail

Primary

Alternate

Age / DOB

Age

DOB (d/m/y)

Employment

Occupation:

Employer:

Education

Emergency contact

Name:

Relationship to you:

Daytime phone:

Evening phone:

Home address:

Medical information

List only information which may affect your karate training: