

修道館武道会

Shudokan Martial Arts Association

SHUDOKAN MARTIAL ARTS ASSOCIATION
CURRENT MEMBERS APPLICATION FOR PROMOTION

PLEASE TYPE OR PRINT ALL INFORMATION

NAME _____

STREET ADDRESS _____

CITY _____ STATE/PROVINCE _____

ZIP/POSTAL CODE _____ COUNTRY _____

TELEPHONE _____

DATE OF LAST S.M.A.A. PROMOTION _____

LAST RANK AND DIVISION RECEIVED FROM _____

RANK APPLYING FOR _____

CURRENT PROMOTION RECOMMENDED BY _____

I hereby certify that the above information is true and accurate. In addition, by my signature, I certify I understand that submission of a completed application and the appropriate fee does not guarantee the awarding of requested rank and/or teaching title, or any rank and/or teaching title.

DATE & SIGNATURE _____
(PARENT OR LEGAL GUARDIAN IF UNDER 18 YEARS OF AGE)

* Include a detailed description of your training activities since your last promotion, and the services you have rendered for the expansion and cultivation of Budo in general, and the Shudokan Budo-Kai (Shudokan Martial Arts Association) in particular. Please type on a separate sheet. Unless otherwise indicated, a videotape of you demonstrating Budo is needed.

Karate-do
Division Director

Iaido
Division Director

President
Shudokan Budo-Kai

Traditional Jujutsu
Division Director

Goshin-jutsu
Division Director

Judo
Division Director

Aikido
Division Director