

Receiving Date: _____



EAST CENTRAL U.S. KENDO FEDERATION

Membership Application

Joining the ECUSKF entitles you to practice at any of our member dojos and participate in AUSKF tournaments several times a year, as well as to test for progressive kyu and dan levels of expertise.

Applicant Information:

Dojo Name: _____ Today's Date: _____

Your name (Last, First): _____

Date of Birth: _____ Age: _____ Gender: _____ Your AUSKF ID: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____ Secondary Phone: _____

Primary Email: _____ Secondary Email: _____

Emergency Contact:

Name (Last, First): _____

Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____ Secondary Phone: _____

Rank Information:

Kendo Rank: _____ Date Received: _____

Kendo Shogo: _____ Date Received: _____

Events attended officially representing U.S:

AUSKF Seminars attended:

Fees (You must pay dues to both AUSKF and ECUSKF. Check your category and write the total amount owed below.)

**Youth = 17 and under. If you will turn 18 during this membership period, please submit your application as an adult.

AUSKF : Adult - \$40 () ECUSKF: Adult: \$30 ()
Youth - \$25 () Student/Youth: \$15 () Total: \$_____

Please write ONE CHECK to ECUSKF with both fees. AUSKF does not accept personal checks. Do not send cash.

For application by mail, please send form to:

Hiroko Matsuyama
1143 Chopper Lane
Columbus, OH 43228

If you have any questions,
please email:
hxm107@case.edu