



Southeastern US Kendo Federation

*Prior to filling this form please read through the SEUSKF Guide to dojo membership located on our web page at:

<http://www.seuskf.org/wp-admin/images/pdf/SEUSKFdojomembershipguide.pdf>

SEUSKF Dojo Membership Application

Applicant Information (Person Submitting This Application)

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Kendo Rank: _____ Date received.: _____ What Federation: _____

Iaido Rank: _____ Date received.: _____ What Federation: _____

Present AUSKF Member?: _____ What Federation: _____

Dojo Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Kendo Rank: _____ Date received.: _____ What Federation: _____

Iaido Rank: _____ Date received.: _____ What Federation: _____

Present AUSKF Member?: _____ What Federation: _____

Dojo Information

Dojo Name: _____

Address: _____

Street Address

City

State

ZIP Code

Number of Current Members: _____

Are you Applying as a College Club? _____

Y/N

Please tell us about your club (such things as when was club founded or any history of club, how often do you meet for practice, do you have a mentor to help (if so please name) and any other information you feel is applicable (use another sheet if needed):

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that intentionally false or misleading information in this application may result in denial of membership.

Signature: _____ Date: _____