



Alabama Karate Circuit
2010 Membership Application

Name: _____
Last First Middle Initial

*** YOUR NAME, AS LISTED ABOVE, SHOULD BE USED THE SAME WAY ON YOUR
COMPETITOR SLIPS AT TOURNAMENTS***

Address/ City, State, Zip: _____

Phone (with area code): _____ Rank: _____

email address: _____ Jacket size: _____

Karate School & Instructor: _____

Address of Karate School: _____

Age on June 30, 2010: _____ Date of Birth: _____

Member ID Number: _____ (To be assigned by AKC Secretary)

Signature of Member/Parent/Guardian

MAIL FORM AND CHECK TO: M. Clairday 117 Leaning Pines Dr., Hartselle, AL 35640