



WORLD KARATE MARTIAL ARTS ORGANIZATION

APPLICATION FOR MEMBERSHIP

Acronym:

Full Name of Organization/Federation/Club:

Postal Address:

Name of President:

Grade:

Place and Date:

Federation:

Phone *(with country code):*

Fax:

E-mail:

Web page:

Name of General Secretary:

Number of Clubs:

Number of individual members:

Disciplines:

Styles:

We hereby confirm that our Organization/Federation/Club has a democratic structure and that the board of directors is freely elected. We accept the rules and regulations of the WKMO.

Please send it to secretariat@wkmo.org

Signature of President

Date _____