



PKC 4 MEMBERSHIP FORM OR RENEWAL

FILL OUT IN FULL

Circle One:

New Membership \$40.00 Lifetime Membership \$225.00 Renewal 25.00 PKC# _____

Today's Date: _____

Name _____ Birth Date _____ Age _____ Sex _____

Street Address _____

City _____ State _____ Zip _____ Phone _____

Email/Parent's Email if under 18 _____

Rank _____ Style _____

School / Dojo _____ Phone _____

School Street _____ City _____

State _____ Zip _____ Instructor _____

_____ Paid with Check # _____ and amount _____

_____ Paid with Cash amount _____

MAIL COMPLETED FORM TO:
PROFESSIONAL KARATE COMMISSION
REGION 4
PO Box 276
North Lima, OH 44452