



Mitose's International Koshu-Ryu Kenpo Association
 Thomas Mitose "Soke"
 4572 Wildcat Circle
 Antioch, Ca. 94531

Today's Date: _____

Full Name _____

Address _____

City _____ State/Country _____ Postal Code _____

Phone Numbers(s) Home _____ Work _____

Email: _____ Website: _____

Date of Birth: _____ Gender: M ___ F ___

Martial Arts Style: _____

Rank: _____

Title: _____

Remarks:

I certify that the above information is true and accurate to the best of my knowledge. I also give my permission to the **Mitose's International Koshu-Ryu Kenpo Association**, to investigate my background. I also understand that providing false or misleading information can and will result in my removal from consideration, now or thereafter into **Mitose's International Koshu-Ryu Kenpo Association**.

I also understand if under the age of 18 years old, parent or legal guardian's signature is required.

Signature _____

Effective 12/1/08

Fees	3 yr. Membership
All Ranks	\$125.00

We will only accept Money Orders or Cashier's Checks (U.S. Funds only).

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