



Mitose's International Kosho-Ryu Kenpo Association
Thomas Mitose "Soke"
PO Box 109
Concord, California 94522

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 Kosho-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 Kosho-Ryu Kenpo Association**.

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

Signature _____

Fees: All Ranks

1 yr. Membership \$50.00

3 yr. Membership \$125.00

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

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