



Alabama Karate Circuit 2017 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, and Zip: _____

Phone (with area code): _____ Rank: _____ Jacket Size: _____

Email Address: _____

Karate School & Instructor: _____

Address Of Karate School: _____

Age on June 30, 2017: _____ Date of Birth: _____

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

Signature of Member / Parent / Guardian: _____

Please present this form and your receipt at the first tournament you attend after registration with the AKC so we can ensure your points are properly tabulated.