

APPLICATION FORM FOR TESTING Form 5

(昇段級審査受審願) Held on _____ . _____ . _____

To JKF Gojukai president Mr.Ujita Eizo

Day Month Year

JKF 剛柔会 会長 宇治田栄蔵殿

Held at _____

		PRESENT GRADE (現段級)
NAME OF BRANCH (支部名)		NAME OF KAI or KAN (道場名)
MEMBERSHIP NO. (会員番号)		ATTEMPTED GRADE 受審段位
フリカナ	CHINESE CHARACTER (If applicable)	PHOTO (Passport size)
NAME (名前)		
DATE OF BIRTH (生年月日)		
_____ / _____ / _____ _____ years old (才)		
Address (住所)		
Tel&Fax (電話番号・ファクス)		
DATE OF STARTING KARATE (入門年月日)		_____ / _____ / _____
LATEST DAN (最終段位) _____	CERTIFICATE NO.	DATE OF ISSUE (取得年月日) _____ / _____ / _____
CERTIFIED THE ABOVE BY (上記保証人)		
HEAD OF YOUR KAI OR KAN IN JAPAN		SIGNATURE _____ 印

FOR OFFICIAL USE

RESULT DAN (決定段位)	DAN (段)	CERTIFICATE NO. (免状番号)
CERTIFIED THE ABOVE 上記の通り認定した。		DATE: _____ / _____ / _____
BY CHIEF EXAMINER (審査委員長)		CHIEF OF TESTING COMMITTEE (段位委員会委員長)
NAME & SIGNATURE (名前・署名)		
NAME (名前) _____ (印)		SIGNATURE (署名) _____

APPLICATION FORM FOR JKF GOJUKAI MEMBERSHIP REGISTRATION

(剛柔会会員登録申込書)

Date of proposal _____

TO JKF GOJUKAI PRESIDENT MR.UJITA EIZO

(申込み日)

JKF 剛柔会 会長 宇治田栄蔵殿

I would like to apply for JKF Gojukai membership and will abide by JKF Gojukai rules& regulations when application is approved. (会員登録後は会の規則を遵守します。)

(To use block letter)

Name :(名前)	
Address:(住所) \	
Date of Birth: (year/month/day) (生年月日) / /	Phone & Fax: (電話・ファクス)
Name of branch JKF Goju-Kai Portugal (支部名)	Year of starting Karatedo (入門年) 2007
Name of Dojo (道場名)	Name of your instructor (先生の名前)
Name of your Kai/Kan belong to: (所属する会の名前)	Name of head of your Kai/Kan in Japan (会長・館長名)
Sign by Applicant (申請者署名) _____	

To be filled out in Japan

The above applicant to be recommended as a member of JKF Gojukai.	
Name of Kai or Kan (会名・館名) _____	
Sign by head of Kai or Kan in Japan 会長名・館長名 _____ (印)	
Membership No: (会員登録番号) _____	Date of registration: (登録日) _____



ALL JAPAN GOJURYU KARATEDO SEIWAKAI
APPLICATION FORM FOR TESTING

To Seiwakai president Mr. Seiichi Fujiwara

Held at _____ (Day - Month - Year)

NAME (名前)		
MEMBERSHIP NO. (会員番号)		PHOTO (Passport size)
COUNTRY		
DATE OF BIRTH (生年月日)	____/____/____ (dd/mm/yyyy) (____) years old (才)	
Address(住所) Tel&Fax (電話番号・ファクス)		
DATE OF STARTING KARATE	____/____/____ (dd/mm/yyyy)	
PRESENT GRADE (現段級) Date: ____/____/____ (dd/mm/yyyy)	ATTEMPTED GRADE (受審段位)	

FOR OFFICIAL USE

RESULT (決定段位)	DAN (段)	CERTIFICATE NO. (免状番号)
CERTIFIED THE ABOVE 上記の通り認定した。		DATE: / /
BY CHIEF EXAMINER (審査委員長)	BY CHIEF OF TESTING COMMITTEE (段位委員会委員長)	
NAME (名前) _____	NAME (名前) _____	
SIGNATURE(署名) _____	SIGNATURE(署名) _____	



ALL JAPAN GOJURYU KARATEDO SEIWAKAI

APPLICATION FOR MEMBERSHIP

Seiwakai Card Number: _____

(Use block letters, attach 2 photos and membership fee)

Date of registration: ____/____/____ (dd/mm/yyyy)		Introduced by:	
Name :(名前):			
Address:(住所):			
Date of Birth: (day/month/year) (生年月日) : ____/____/____		Country:	
Email:		Phone:	
Occupation:		Name of your instructor (dojo):	

Seiwakai rank (dan)

Rank	Date	Age	Rank	Date	Age
1 Dan	____/____/____		6 Dan	____/____/____	
2 Dan	____/____/____		7 Dan	____/____/____	
3 Dan	____/____/____		8 Dan	____/____/____	
4 Dan	____/____/____				
5 Dan	____/____/____				

JKF Gojukai membership Number: _____

Rank	Date	Age	Rank	Date	Age
1 Dan	____/____/____		5 Dan	____/____/____	
2 Dan	____/____/____		6 Dan	____/____/____	
3 Dan	____/____/____		7 Dan	____/____/____	
4 Dan	____/____/____		8 Dan	____/____/____	

Title	Date	Title	Date
Renshi	____/____/____	Hanshi	____/____/____
Kyoshi	____/____/____		

