

KENNETH FUNAKOSHI
 Chief Instructor, F.S.K.A.



FUNAKOSHI
SHOTOKAN KARATE ASSOCIATION

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APPLICATION FOR AFFILIATION

Date of Application:

Name	Rank	Age
School Name		
<u>School Address</u>		
Street:		
City/State/Province		
Country	Postal/Zip Code:	
<u>Mailing Address (if different from School address)</u>		
Street:		
City/State/Province		
Country	Postal/Zip Code:	
Business Phone:	Cell Phone:	
FAX:	Email:	
Web Site:		
Social Media (Facebook, twitter, etc.):		
Number of Dojos	Full Time	Part Time
Number of Students:		
Other Occupation of Instructor		
Years in Martial Arts	Style	
Other Instructor(s)		
Past or Present Affiliation	No. of Years	
History of Training, Education, Awards, etc. (If necessary, include a continuation sheet)		

PLEASE INCLUDE PHOTO (at least 200x220pixels) AND COPY OF CERTIFICATE OF RANK

船越松涛館空手協会