Okinawan Goju Ryu Kenkyu Kai MEMBERSHIP APPLICATION

name:		
Address:	State:	Zip
Phone Number:	Email:	
Instructor:	Dojo	
Current Rank:	Grading Date:	
Number of Years Training:	Style:	
Number of Students:		
Ever been convicted of a felony:		
If yes, please explain:		
Why do you desire to join the OGRK	<:	
Applicant's Signature:		Date:
Fee: \$25 Per Year for Adults 18 year		
The OGRKK will consider any applica You must train in traditional Goju Ry required to attend at least one OGR Assistant Chief Instructors provide t	ation for membership regard yu Karate-Do or desire to tra KK Gasshuku each year or ha raining at your dojo (if you h carate program to others, all	dless of age, race, sex, or religious beliefs. In in Goju Ryu Karate-Do. You are also ave a Chief Instructor or one of the nave a dojo) at least once per year. If you I of your students are required to join the
Please remit application and paymer Colorado, 80925. Email address: og		ummer Meadows Drive, Colorado Springs,
Additional Comments:		