



CANADIAN KENDO FEDERATION APPLICATION FOR NEW DOJO MEMBERSHIP

INSTRUCTIONS

1. Before filling out this application please ensure that there are at least 5 members of your dojo that have registered with the CKF, and that each member has paid their CKF individual membership fee. Members may choose "Virtual Dojo" as their temporary home dojo until this application has been approved. List the CKF ID numbers and names of your dojo members in the appropriate section on the next page.
2. Complete the application (page 2). All sections must be completed. Incomplete answers or ineligible handwriting will delay the approval of your application.
3. The dojo must have a sensei that is fully recognized by, and registered with the CKF. The minimum rank for the sensei is 5th Dan. If the club itself does not have a 5th Dan or higher sensei then the club may ask a 5th Dan or higher sensei from another club to act as their sensei.
4. When the application has been reviewed by the CKF, the contact person for the dojo will be notified regarding the status of the application. Further information will be given at that time.
5. Please Note: Application for membership does not imply acceptance into the Federation.
6. Submit the application to:
Canadian Kendo Federation,
8013 Hunter St.
Burnaby BC V5A 2B8
e-mail: hokusa@kendo-canada.com



**CANADIAN KENDO FEDERATION
APPLICATION FOR NEW DOJO
MEMBERSHIP**

NEW DOJO INFORMATION

Name of Chief Instructor (5th Dan or higher) _____

Name of Dojo _____

Martial Art(s) Practiced (Please Circle) **Kendo Iaido Jodo**

Address _____ City _____ Province _____

Postal Code _____ Telephone _____ Fax _____

Email _____ Web page _____

Practice Days (Please Circle) **Mon Tues Wed Thurs Fri Sat Sun**

CONTACT INFORMATION

Name of Contact Person _____

Title (President, Secretary ...etc) _____

Address _____ City _____ Province _____

Postal Code _____ Telephone _____ Fax _____

Email _____

DOJO MEMBERS

Please fill in the following table. The minimum number of members for a new dojo application is 5

CKF ID #	Last Name	First Name
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FOR OFFICE USE ONLY

APPROVED BY _____ APPROVAL DATE _____

COMMENTS _____
