



# PKC IV MEMBERSHIP FORM OR RENEWAL

FILL OUT IN FULL

**Circle One:**

New Membership \$30.00    Lifetime Membership \$200.00    Renewal 20.00 PKC# \_\_\_\_\_

Today's Date: \_\_\_\_\_

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Email/Parent's Email if under 18 \_\_\_\_\_

Rank \_\_\_\_\_ Style \_\_\_\_\_

School / Dojo \_\_\_\_\_ Phone \_\_\_\_\_

School Street \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Instructor \_\_\_\_\_

\_\_\_\_\_ Paid with Check # \_\_\_\_\_ and amount \_\_\_\_\_

\_\_\_\_\_ Paid with Cash amount \_\_\_\_\_

MAIL COMPLETED FORM TO:

**PROFESSIONAL KARATE COMMISSION**

**REGION IV**

**254 WEST 6<sup>TH</sup> STREET**

**ERIE, PA 16507**

