



AUSTRALIAN KARATE FEDERATION INCORPORATED

ABN: 29 705 212 987

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Clifton Hill  
Victoria  
AUSTRALIA 3068

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[administrator@akf.com.au](mailto:administrator@akf.com.au)  
[www.akf.com.au](http://www.akf.com.au)

## APPLICATION FOR NEW MEMBERSHIP

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**STATE BRANCH:** \_\_\_\_\_  
(Insert Name of Recognised AKF State Body)

**FULL NAME OF STYLE:** \_\_\_\_\_

**NAME OF HEAD INSTRUCTOR:** \_\_\_\_\_  
(Relating to this Application)

**GRADE:** \_\_\_\_\_  
(Attach all official Certificates of Grade)

**ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_ **POSTCODE:** \_\_\_\_\_ **STATE:** \_\_\_\_\_

**TELEPHONE:** WORK: \_\_\_\_\_ HOME: \_\_\_\_\_

MOBILE: \_\_\_\_\_ FAX: \_\_\_\_\_

**EMAIL:** \_\_\_\_\_  
(All AKF correspondence is conducted via email, please ensure you provide yours if you have one)

**NAME OF CHIEF INSTRUCTOR (AUSTRALIA):** \_\_\_\_\_  
(If same, write "as above")

**GRADE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_ **POSTCODE:** \_\_\_\_\_ **STATE:** \_\_\_\_\_

**TELEPHONE:** WORK \_\_\_\_\_ HOME \_\_\_\_\_

MOBILE \_\_\_\_\_ FAX \_\_\_\_\_

**EMAIL** \_\_\_\_\_

EXCELLENCE

ETHICS

EQUITY



**INTERNATIONAL AFFILIATIONS RECOGNISED BY THE FEDERATION**

*(Supply documented proof thereof)*

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**NUMBER OF DOJO UNDER YOUR CONTROL:** \_\_\_\_\_

*(Attach list of locations, training times and instructors in charge)*

**ESTIMATED NUMBER OF STUDENTS UNDER YOUR CONTROL:** \_\_\_\_\_

JUNIOR MALE: \_\_\_\_\_ SENIOR MALE: \_\_\_\_\_ VETERAN MALE: \_\_\_\_\_

JUNIOR FEMALE: \_\_\_\_\_ SENIOR FEMALE: \_\_\_\_\_ VETERAN FEMALE: \_\_\_\_\_

**WHEN WAS YOUR ORGANISATION FORMED IN AUSTRALIA:** \_\_\_\_\_

BY WHOM? \_\_\_\_\_

IN WHICH STATE? \_\_\_\_\_

**IS YOUR ORGANISATION INCORPORATED?**  Yes  No

*(If yes, please attach copy of Incorporation Certificate)*

**DOES YOUR ORGANISATION HAVE A CONSTITUTION?**  Yes  No

*(If yes, please attach copy of Constitution)*

**EXCELLENCE**

**ETHICS**

**EQUITY**



**DOES YOUR ORGANISATION HAVE AN EXECUTIVE COMMITTEE?**     Yes     No

*(If Yes please list all officials and their position)*

NAME	POSITION	ADDRESS

We the undersigned hereby acknowledge acceptance of the Conditions and Rules which apply to New Membership Application under the Association's Rules in Rule 7, Clauses 4a. and 4b. and will accept the decision of the State Branch considering my Application.

**DATE OF APPLICATION:**

Signature of Applicant(s):

**(1) Signed:** \_\_\_\_\_ **(2) Signed:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Name:** \_\_\_\_\_

**(3) Signed:** \_\_\_\_\_ **(4) Signed:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Name:** \_\_\_\_\_

**EXCELLENCE**

**ETHICS**

**EQUITY**



**DISTRIBUTION**

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**ORIGINAL APPLICATION:** To Recognised State Branch of AKF receiving Application.

**COPY:** To Applicant relating to this Form 1

**COPY:** To National Secretary,  
Australian Karate Federation Inc  
PO BOX 380  
Clifton Hill VIC 3068

**ATTACHMENTS ENCLOSED**

- List of locations, training times and instructors in charge
- Copy of Incorporation Certificate
- Copy of Constitution

**EXCELLENCE****ETHICS****EQUITY**