INTERNATIONAL KARATE KOBUDO FEDERATION

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2012 PROMOTION CERTIFICATE APPLICATION

DOJO ____

SENSEI ______________________ RANK ______________________

DOJO ADDRESS ____

______________________________________ ZIP __________

Certificate Number *	NAME to be on certificate (PRINT CLEARLY)	Promotion Rank (K*)	Promotion Date	IKKF Membership		Fee
				No.	Exp. Yr.	
				TOTAL FEES	$	

Complete this form CAREFULLY and LEGIBILY. Mail with a U.S. Postal Order, Money Order, Certified Check or Dojo Check for the full amount of the Promotion Fees. Do not send Cash. Requests will be filled promptly upon arrival. For an individual to receive a Promotion Certificate from the IKKF they MUST be an active member of the Federation (either direct or affiliate).

(* - Leave Blank - to be filled in at Headquarters) (K* - Identify if for Kobudo Certificate only)