



**DOKAN RYU JU JUTSU
SWEDEN**

APPLICATION for MEMBERSHIP

Club/dojo/dojang: _____

Founded: _____

City: _____ State/Nation: _____

Affiliations, member of following organisations:

Number of club members: _____

Contact person: _____

Adress: _____

Chief/Head instructor:

Started training: _____

Martial arts/styles:

Rank/s: _____

Instructor Courses/Licences: _____

Additional
information: _____

Date: _____

Signature: _____