## To 3 : SKIF Headquarters ( for the affiliation to headquarters )

New Applicant Group Details

Name of Group			
Address (Dojo)			
Address (Mail)			
Chairman	[Last Name, Middle and given Name],	Date of Birth (D/M/Y),	Dan Grade by
Chief Instructor	[Last Name, Middle and given Name],	Date of Birth (D/M/Y),	Dan Grade by
Secretary	[Last Name, Middle and given Name],	Date of Birth (D/M/Y),	Dan Grade by
Number of Instructors Number of full-time; part-time; their ranks			
Their Karate-Do Career With what style	Use another paper if necessary		
Telephone			
Facsimile			
E-Mail Address			
Web site			
Numbers of Dojo			
Numbers of Member	(Approximate)		