

KENNETH FUNAKOSHI
Chief Instructor, F.S.K.A.



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APPLICATION FOR AFFILIATION

船越松涛館空手協会

Instructor's Name	Rank	Age
School Name		
School Address		
Phone:	Email:	
Fax:	Cell Phone:	
Number of Dojos	Full Time	Part Time
Number of Students:		
Other Occupation of Instructor		
Years in Martial Arts	Style	
Other Instructor		
Past or Present Affiliation	No. of Years	
History of Training, Education, Awards, etc.		

PLEASE INCLUDE PHOTO AND COPY OF CERTIFICATE OF RANK