



## WORLD KARATE MARTIAL ARTS ORGANIZATION

### APPLICATION FOR BLACK BELTS AND TEACHERS REGISTER

NAME: \_\_\_\_\_

SURNAME: \_\_\_\_\_

PLACE OF BIRTH: \_\_\_\_\_ SEX: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ COUNTRY: \_\_\_\_\_

NATIONALITY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

GRADE: \_\_\_\_\_ PLACE OF ISSUE: \_\_\_\_\_

DATE OF ISSUE: \_\_\_\_\_ FEDERATION: \_\_\_\_\_

QUALIFICATION (*please mark*):

TRAINER     INSTRUCTOR     MASTER     GRANDMASTER

PLACE OF ISSUE: \_\_\_\_\_

DATE OF ISSUE: \_\_\_\_\_ FEDERATION: \_\_\_\_\_

I hereby request my annual registration in the WKMO Black Belts and Teachers Register  
Please send it to [secretariat@wkmo.org](mailto:secretariat@wkmo.org)

Signature

Date \_\_\_\_\_