



2012 ALLIANCE KOBUDO APPLICATION

Please send this application and required fee to:
Dr. James Webster, 89 Lamplighter Dr., Melbourne, FL 32934



Name: _____, _____, _____
Last First Middle

Date: ____/____/____ Alliance Membership #: _____
DD MM YY

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone #: _____ Work Phone #: _____

Your Rank: _____ How Long: _____

Dojo Name: _____ Phone #: _____

Dojo Address: _____

City: _____ State: _____ Zip: _____

Sensei Name: _____ His Rank: _____

Kobudo Rank: Yes No Kobudo Rank Date: _____

Kobudo Rank Testing For: _____

Please Check One

Alliance Member - (New Kobudo Rank) \$40.00 (Kobudo Rank Upgrade) \$40.00

Non Alliance Member - \$80.00
(Must send in an Alliance Membership Application with this form)