

Note: Please understand that all information below must be accurate and current for membership to be approved by the United by the United Scorpion Karate-Do Association/USKA Martial Arts INC. / Master Issachar James, Founder Executive Director

USKA Martial Arts Inc. United Scorpion Karate-Do Association

Name: _____ Date of Birth: ___/___/___

Name of Martial Arts School: _____ Current Rank: _____

Name of Instructor(s): _____ System: Scorpion Karate-Do/Kickboxing (Circle One)

Address: _____ City: _____ State: ___ Zip Code: _____

Home Phone: _____ Home Phone: _____ Cell Phone: _____

How did you hear about USKA Martial Arts / United Scorpion Karate-Do Association?

For what reason did you decide to become a member? (Circle One or more)

Self Defense, Self Esteem, Recreation, Coordination, Physical Conditioning, Discipline

Weight Control, Self Confidence, Bully Prevention, Tournament Competition,

Becoming an Instructor, Owning a USKA Martial Arts Academy, Educational Purposes

Explain your answer or anything that is not listed that we need to know:

I hereby apply for USKA membership designation indicated above.

By signing this application you agree that all above information is correct. If information is incorrect, USKA assume all rights to deny membership.

Signature: _____ Date: ___/___/___

United Scorpion Karate-Do portion only pass this point

United Scorpion Karate-Do Membership ID Number: _____ - _____ - _____ - _____

United Scorpion Karate-Do Director Signature Only: _____

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