2010 MIDWEST KENDO FEDERATION MEMBERSHIP APPLICATION

Please Print CLEARLY

Dojo/Club_____ **Gender: M F**

AUSKF ID#_____ **Date of Birth**_____ **Age**_____

Name of Applicant_____

Last First Middle

Kendo Rank _____ **Date Received**_____ **Kendo Shogo**_____ **Date Received**_____

Iaido Rank _____ **Date Received**_____ **Iaido Shogo**_____ **Date Received**_____

Address _____

Street Apt #

_____

City State Zip

Telephone (H) _____ **(W)** _____

(Cell)_____**E-mail Address**_____

Check one box above the line, and one box below the line, unless you want to be only a MWKF member. Dan ranks must remain in both organizations.

(DO NOT SEND CHECKS FROM INDIVIDUALS TO THE ***TREASURER****. One check per dojo written to* ***MWKF****.*

Annual Dues:

☐	**Midwest Kendo Federation Dues**	**Adult**	**$30**
☐	**Midwest Kendo Federation Dues**	**17 & Under/Seniors 65 & Up**	**$15**
☐	**Midwest Kendo Federation Dues**	**Iaido Only**	**$10**
☐	**All United States Kendo Federation Dues**	**Adult (18 and over)**	**$40**
☐	**All United States Kendo Federation Dues**	**Youth (17 and under)**	**$25**

WAIVER*: For and in consideration of my participation in the practice of Kendo and all other activities of the Midwest Kendo Federation, I, for myself, my executors, administrators, and assigns do hereby release and agree not to sue the Midwest Kendo Federation, its officers, instructors, and administrators; the All United States Kendo Federation, its officers, instructors, and administrators; fellow participants; other clubs or dojos; third party organizations including but not limited to sponsors, and those allowing the use of their premises for Midwest Kendo Federation activities, jointly and/or severally, and hold and save them harmless from and against any and all actions, claims, liabilities, loss, damage, expense of whatever nature, including attorney fees, which may at any time be incurred by reason of my participation or my preparation in Midwest Kendo Federation sponsored activities, or traveling to and from said activities. I attest and verify that I have full knowledge of risks involved in Kendo and am physically fit and able to participate.*

Applicant's Signature _____ Date_____

Parent/Guardian Signature _____ Date _____

(if under 18 yrs of age)