

MISSISSIPPI KARATE ASSOCIATION
PO Box 121
Pascagoula, MS 39567

This Form is available Online
<https://www.mskarateassociation.com/mka-membership>



_____ Number

_____ Date

New Member _____ or Renewal _____

Phone _____

First Name _____

Last Name _____

Parent/Guardian if under 18: _____

Email address: _____
(Critical! We use this to contact champions!)

Address: _____

City _____ State _____ Zip _____

Birthdate: _____

KYU (Belt) Rank _____ Weight _____ Age _____

Instructor: _____

Dojo/School Name _____ City _____