

**KYLE FUNAKOSHI**  
 Chief Instructor, F.S.K.A.



**FUNAKOSHI**  
**SHOTOKAN KARATE ASSOCIATION**

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**APPLICATION FOR AFFILIATION**

Date of Application:

船越松涛館空手協会

Name		Rank	Age
School Name			
<u>School Address</u>			
Street:			
City	State	Province	
Country	Postal/Zip Code:		
<u>Mailing Address (if different from School address)</u>			
Street:			
City	State	Province	
Country	Postal/Zip Code:		
Business Phone:		Cell Phone:	
FAX:		Email:	
Web Site:			
Social Media (Facebook, twitter, etc.):			
Number of Dojos		Full Time	Part Time
Number of Students:			
Other Occupation of Instructor			
Years in Martial Arts		Style	
Other Instructor(s)			
Past or Present Affiliation			No. of Years
History of Training, Education, Awards, etc. (If necessary, include a continuation sheet)			

PLEASE INCLUDE PHOTO (at least 200x220pixels) AND COPY OF CERTIFICATE OF RANK