入会願書 **Membership Application**

支部名 Branch						
Branch No						

少林寺拳法世界連合 会長 宗 昂馬 様

To: Mr. Kouma So, President, World Shorinji Kempo Organization

私は、少林寺拳法を修行したいので、少林寺拳法世界連合(以下 WSKO という)に入会を申請します。入会を許可された後は WSKO 並びに所属が認めら れた団体会員(国連盟および支部)の規約、細則、規程、各種教示はもとより WSKO 並びに所属する団体会員(国連盟および支部)の発する指導方針に

- a. 「SHORINJI KEMPO/少林寺拳法」の名称やシンボルマークロゴの使用
- 「SHORINJI KEMPO/少林寺拳法」の技名称や教材を使用しての指導、普及、広報活動「SHORINJI KEMPO/少林寺拳法」の公認道衣等を着用しての指導、普及、広報活動

I, the undersigned, hereby apply for the membership in the World Shorinji Kempo Organization (WSKO) so as to join it and practice Shorinji Kempo. If I am granted membership I promise to abide by the statutes, bylaws, regulations, all the instructions and guidance of WSKO, as well as the regulations, directions and policies of your group member (federation and branch,) and I will accept the consequences if they are disregarded. I acknowledge that Shorinji Kempo involves strenuous physical activities and it is my personal responsibility to determine if I am physically fit to take part in such activities. I further understand that my participation in such activities is entirely at my own risk, and I promise not to hold WSKO and your group member (federation and branch) liable or seek compensation if I suffer illness or injury during or as the result of Shorinji Kempo activities.

Under any circumstances, I promise never to implement the following actions without permission of WSKO;

- a. Using the name or mark/logotype of "Shorinji Kempo/少林寺拳法
- b. Instruction, promotion, and PR activities using the names of the techniques and/or teaching materials of "Shorinji Kempo/少林寺拳法"
- c. Instruction, promotion, and PR activities of "Shorinji Kempo/少林寺拳法" wearing the official uniform of dogi and alike.

申請日 Da	ate of Application	Year	/N	Month	/Day			
入会者氏名(28) 名前が28 文字を超える場 Please shorten your nam ブロック体の大文字で記入 Please write in Block C such as your membershi	号合、スペースを含めて ne if it is longer than してください。記入のi apital Letters. The r	728 文字以内にな 28 letters includi 通りコンピュータ登 dame written here	るよう省略してご記入。 ing blank spaces. 録し、会員証や合格証:	ください。 書が印刷されます。	em and will appear on important documents			
sacras your memocrsm	s curu unu quunyeu	non certificates.			漢字氏名 Name in Kanji (if any)			
生年月日 Date of Birth 住所 Address	Year	/Month		性別 Gender Eメール e-mail	国籍 Nationality			
電話番号 Phone No.	職業 Occupation 私は入会にあたり上記の誓約内容を理解し、自らの意思により署名します。 I understand the contents of the above statement and sign here with my own will.							
入会者署名 Signature of Applicant								
			み記入。保護者は親 nt is under 18 years o		務者とする。 vrental authority or a responsible guardian.			
*保護者氏名 *Name of Guardian			*Relationship		*電話番号 *Phone No.			
*保護者住所 *Address of Guardian			*保護者 * *Sig					
I, the undersigned			5	orinji Kempo Organ	ization and practices at our branch.			
支部長氏名 Name of Branch Master			文章 Signature of Bra	部長署名 anch Master				

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