NEW		RENEWAL #
Enclosed with n	ny application is the \$10.00 as	
Name:		Rank:
Address:		City:
	Zip Code:	
Please sign me u	up to receive the SKIF-USA l	by email.
My current rank	was obtained through. SKII	F Other
Dojo name: _		Instructor:
Date	A 1'	Instructors Signature
Send application Creek, AZ 8514	on and payment to SKIF-U 2. Membership cards will	JSA Headquarters, P.O Box 386, Queen be sent to your dojo.
Send application Creek, AZ 8514	on and payment to SKIF-U 2. Membership cards will	SA Headquarters, P.O Box 386, Queer be sent to your dojo.
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SKIF-USA II	12. Membership cards will  NDIVIDUAL/STUDE	be sent to your dojo.  NT MEMBERSHIP APPLICATI  RENEWAL #  tion is the \$10.00 annual fee.
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SKIF-USA IN NEW  Name: Address: State: Please sign me us My current rank	NDIVIDUAL/STUDE  The Enclosed with my applicate  Zip Code:  Lip to receive the SKIF-USA because in the second content of the second	NT MEMBERSHIP APPLICATI  RENEWAL #  tion is the \$10.00 annual fee.  Rank:  City:  Email:  by email. Yes

Send application and payment to SKIF-USA Headquarters, P.O Box 386, Queen Creek, AZ 85142. Membership cards will be sent to your dojo.