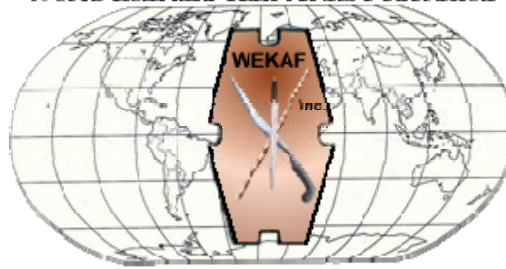


World Eskrima-Kali-Arnalis Federation



**W.E.K.A.F. USA Inc. 2009
Individual Membership Application Form**

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (____) _____ Email: _____

Date of Birth: _____ Age: _____ Weight: _____

Style: _____ Instructor: _____

School: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (____) _____, Email: _____

Individual Membership fee: **\$30.00** (Payable to “WEKAF USA Inc.”) due on January 1st of each calendar year. Your dues must be received no later than March 31st.

**Send To: WEKAF USA Inc
P.O. Box 32675
San Jose, CA. 95152**

Office use only

Method of Payment: _____ Amount: _____ Date Rec'd: _____ WEKAF #: _____

Contacts: _____