

**BRITISH**  
**SHORINJI KEMPO**  
**FEDERATION**

**CERTIFICATE OF MEMBERSHIP**

The BSKF acknowledges receipt of membership fees and confirmed that the individual named below has valid membership and insurance cover for the practice of Shorinji Kempo until the expiry date.

Branch name Name		Branch No (BSKF):	
		IndexM (BSKF)	
Date BSKF Fee paid		Kenshi code	
Date certificate issued		Issued by	
Date of expiry	01/04/2006		
Amount paid		Signature	

*Certificate not valid until signed by Branch Master*

**VALID FOR YEAR 2005-2006 ONLY**

*K\_Admin2000 Form W99F1001a*



**A INSTRUCTIONS - If candidate has no BSKF record certificate and all sections A-F must be fully completed**  
**If candidate appears on enclosed BSKF listing and has BSKF number (IndexM) only certificate and section A is required.**  
**Remainder of form may be used to advise of new data eg. change of address.**

Surname		IndexM		Branch Name	
Date of issue				Ins. Expires	01/04/2006
Issued by		Amount paid			

<b>B REASON FOR NO BSKF RECORD:</b>	New member	Lapsed/returning	Transfer	Admin error
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**C Full name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_  
**Address** \_\_\_\_\_ **Nationality** \_\_\_\_\_  
 \_\_\_\_\_ **Sex** \_\_\_\_\_  
 \_\_\_\_\_ **Home phone** \_\_\_\_\_  
 \_\_\_\_\_ **Email** \_\_\_\_\_  
 \_\_\_\_\_ **Occupation** \_\_\_\_\_  
 \_\_\_\_\_ **Work Phone** \_\_\_\_\_

**D NEXT OF KIN**

Name		Relationship	
Address		Phone	

**E RETURNING INFORMATION**

Kenshi code if known		Date last trained	
First joined BSKF		Branch last trained	
Last PI instructor's cover			
Date of expiry		Last Insurance No:	

**F GRADE HISTORY** (Please enter dates of passing 'MM/YYYY')

4 KYU	3 KYU	2 KYU	1 KYU
1 DAN	2 DAN	3 DAN	4 DAN
5 DAN	6 DAN		

