



正道館

SEIDOKAN

Flat A,9/F Besthing Mansion,
404-406 Jaffe Road,
Wanchai,Hong Kong
Tel:90208823 Fax: 25749677

會員編號: _____

確納日期: _____

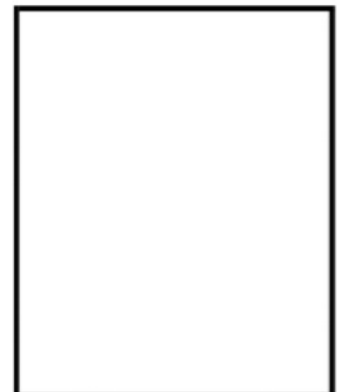
姓名:(英文)		姓名:(中文)	
出生日期:		身份証號碼:	
籍貫:		性別:	M/F
		職業/年級:	
住址:	_____		
電話(日間):		手提電話:	
電話(晚間):		傳真:	
電郵:		日期及	_____
入會段/級	段/級	申請人簽署	

I understand that The SEIDOKAN正道館 will not be held responsible for any injuries of members in KENDO DOJO practice

I am most willing to observe the Regulations that set up under the constitution of The SEIDOKAN正道館

正道館用

段位:		考取日期:	
級:		考取日期:	



申請入館日期: _____

館長批刻日期: _____

正道館印鑒