



Fellowship Application

A) Candidates Name: _____ Grade: _____

Recommended by: _____ ISKS No: _____

*Please complete and sign section B and return the completed form with
copies of all relevant certificates and any other appropriate paperwork to
support your application to the above address*

B) Contact Address _____

Telephone Number _____ Date of Birth _____

Personal Email Address _____

Current Association _____

Year Starting in Shotokan Karate _____ First Instructor _____

Shodan Date _____ Examiner/s _____

Awarding Body _____

Nidan Date _____ Examiner/s _____

Awarding Body _____

Sandan Date _____ Examiner/s _____

Awarding Body _____

Yondan Date _____ Examiner/s _____

Awarding Body _____

Godan Date _____ Examiner/s _____

Awarding Body _____

Rokkudan Date _____ Examiner/s _____

Awarding Body _____

Shichidan Date _____ Examiner/s _____

Awarding Body _____

Hachidan Date _____ Examiner/s _____

Awarding Body _____

Kudan Date _____ Examiner/s _____

Awarding Body _____

Judan Date _____ Examiner/s _____

Awarding Body _____

Could you please write your name legibly as it appears on your obi, if you wish the katakana/kanji to remain the same on your certificate _____

Please continue on extra sheet if required

Karate awards/shogo _____

Publications/articles _____

Karate Positions held _____

I hereby agree to support the purpose of the Shihankai and will ensure that any future recommendations of a fellow karate-ka to the body for fellowship will be of an ilk acceptable to the high standards of the Council of Saiko -shihan. I also accept that any recommendation of any applicant for fellowship I make may be refused by the Shihankai technical committee, with the technical committee's decision being final.

Signed _____

Date _____

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For office use only

Date Application Received: _____ Accepted ☐ Refused ☐

Date Certificate Issued : _____ Reg. No: _____ Shogo Awarded: _____