

2020 KRANE MEMBERSHIP APPLICATION (Dead line July 31, 2020 to retain all points since January!)

\$69.00 Membership Fee

Send to: Krane Ratings
93 Cogliandro Dr.
Acton, ME 04001 (207-477-2748)



Name _____ DOB _____
Address _____ Apt# _____
City _____ State _____ Zip _____ Country _____
Home Phone _____ Work Phone _____
Fax _____ E-MAIL _____
Affiliation/School _____
Address _____ Suite# _____
City _____ State _____ Zip _____
Phone Number _____ Instructor _____

Please complete the appropriate information below.

I am currently a KRANE Member _____

Current Krane Competitor number _____

Style _____

My current Belt Rank is _____

Circle one: (Level of Competition) BEGINNER INTERMEDIATE ADVANCED BLACK BELT

CREDIT CARD: MASTERCARD or VISA ONLY (CIRCLE ONE)

NAME: _____

_____ EXP. _____ Security Code _____

SIGNATURE _____ Total Amount: \$ _____

Billing address if different from above: _____ state _____ zip _____

Fax - 207-477-2641 Scan & E-mail - COGLI@MYFAIRPOINT.NET

*PLEASE ATTACH ALL TOURNAMENT PLACINGS SO FAR THIS YEAR, AS WELL.