

**2008 PSKL MEMBERSHIP APPLICATION**

\$35.00 Membership Fee

Send completed application and payment to:  
PSKL Ratings  
33 Bernhard Rd.  
North Haven, CT 06473

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Name	_____	DOB	_____
Address	_____		
	_____		
City	_____	State	_____
		Zip Code	_____
Home Phone	_____	Work Phone	_____
Email	_____		
Affiliation/School	_____		
Address	_____		
	_____		
City	_____	State	_____
		Zip Code	_____
Phone Number	_____		
Instructor	_____		

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Please circle the appropriate information below:

Current PSKL Competitor number	_____	
I am a Black Belt	YES	NO
Degree	_____	
Style	_____	
Current Belt Rank	_____	

- Circle one
- BEGINNER
  - INTERMEDIATE
  - ADVANCED
  - BLACK BELT