



**ESSHRF**  
European Sport Shito Ryu Federation

## APPLICATION FORM

*Questionnaire for Individuals applying for ESSHRF Membership*

\_\_\_\_\_  
**First Name & Surname of applying Individual person**

\_\_\_\_\_  
**Date of Birth**

\_\_\_\_\_  
**Nationality**

\_\_\_\_\_  
**kyu/ Dan degree**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**Telephone number**

\_\_\_\_\_  
**E-mail**

\_\_\_\_\_  
**Full Name and Address of his/her Style Federation**

**I m hereby apply for Regular Membership and accept the Statutes, Rules and Regulation of ESSHRF.**

<b>Application fee will be transferred to the following address</b>	
<b>Name of Organization :</b>	<b>Európska Federácia Športového Shito Ryu</b>
<b>Name of Bank:</b>	<b>UNICREDIT BANK CZECH REPUBLIK and SLOVAKIA a.s.</b>
<b>Address of Bank Branch:</b>	<b>ŠANCOVÁ 1/A, 813 33 BRATISLAVA</b>
<b>Country:</b>	<b>SLOVAKIA</b>
<b>Code IBAN:</b>	<b>SK 5011110000001191803002</b>
<b>Code Swift:</b>	<b>UNCRSKBX</b>
<b>Account number:</b>	<b>1191803002</b>

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**Date and Place**

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**Signature**

**Application form shall be send to:**

**Peter Baďura**

**M.R.Štefánika 47**

**940 65 Nové Zámky**

**SLOVAKIA**

**email: [eshrkf@gmail.com](mailto:eshrkf@gmail.com)**