



AIKIDO UK

President William Andrew

33 OWEN AVENUE
MURRAY 12
EAST KILBRIDE
G75 9AH
Tel: 01355 220419
www.aikido-uk.org

MEMBERSHIP APPLICATION FORM

New Applicant tick box	<input type="checkbox"/>	Existing Member - Change of details tick box	<input type="checkbox"/>
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This form should be completed in full and in **BLOCK CAPITALS**. By signing below you give permission for Aikido UK to record and store your personal details. This information will not be passed to any third party, will be used solely for Aikido purposes and will be held in accordance with Data Protection Act 1998. For persons under the age of 16 please ensure a parent or legal guardian signs on your behalf.

Name		Date of Birth	
Address		Sex (M/F)	
		Home Tel No.	
		Mobile No.	
Postcode		Occupation	
Email Address			
Emergency Contact Name / Tel Number.			

Medical / Disabilities – Please give a brief description of any medical conditions or disabilities that may affect your practice of Aikido. All details will be kept in strictest confidence. Failure to disclose may invalidate your insurance.
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Annual Membership Fee (Tick box)	Adult £22 <input type="checkbox"/>	H/W £35 <input type="checkbox"/>	Youth £15 <input type="checkbox"/>	Junior £10 <input type="checkbox"/>
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Dojo / Club		Membership / License No.	
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How did you hear about the club?	
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- I accept that the practice of Aikido involves the risk of serious injury.
- I accept that Aikido UK reserve the right to reject my application without giving a reason.
- By signing this document I am stating that the above information is true and accurate to the best of my knowledge.

Print Name			
Signature		Date	

(Existing Member / New Applicant / Parent / Legal guardian)