



APPLICATION FOR MEMBERSHIP

Personal Details (Please write CLEARLY)

Full name.....

Address.....

.....Post Code.....

Contact Telephone Number.....

Emergency Contact: Name.....Tel. No.....

Status Employed Concessionary (unemployed, student, retired) Child

Membership Type New/Renewal

AIKIDO BACKGROUND

Years practising Aikido..... Current Grade.....

Date of grading..... Awarding Body.....

Last Dojo..... Instructor.....

AILMENTS OR DISABILITIES (Please give brief details) if any

DATA PROTECTION ACT

It is a requirement of the Data Protection Act 1998 that persons give their written authorisation to have their details recorded. The person whose details are supplied above must be the person authorising this section. By signing the box below you are allowing your personal details to be recorded on the British Aikido Board. This database is not distributed to any other third party and is not used for non-Aikido related functions. Failure to sign below will mean that you cannot be a member of this organisation.

NAME (Print).....

SIGNATURE.....

DATE.....