

TAKEMUSU IWAMA AIKIDO EUROPE

MEMBERSHIP APPLICATION FORM

Please complete CLEARLY in block capitals and return to your club secretary with two passport sized colour photos. Please print your name clearly on the back of each photo.

FORENAMES _____

SURNAME _____

Membership Number	Registrar to affix photo here
This area is for REGISTRAR'S USE ONLY	
Date Received	

HOME ADDRESS _____

_____ TOWN/CITY _____

COUNTY/COUNTRY _____ POSTCODE _____

PHONE NUMBERS (Mobile) _____ (Other) _____

EMAIL _____ DATE OF BIRTH _____ GENDER _____

CLUB NAME: **XXXXXXXXXXXXXXXXXXXX**

DATE STARTED WITH THIS CLUB _____ DATE STARTED AIKIDO _____
(if different)

CURRENT GRADE (IF APPLICABLE) _____ DATE AWARDED _____

AWARDED BY _____ LOCATION _____

DO YOU HOLD A RECOGNISED AIKIDO COACHING CERTIFICATE? Yes / No

IF SO, PLEASE GIVE LEVEL ACHIEVED AND ISSUING BODY _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME OF VIOLENCE? Yes / No
(IF SO, PLEASE GIVE DETAILS ON THE REAR OF THIS FORM).

NOTE: If there is any further information you might like to include (such as previous martial arts experience, first aid qualifications etc) then please use the rear of this form to add that information.

Please Read: You are required under the terms of the XXXXXXXXX to declare to your Instructor material facts concerning any medical or physical conditions which you may have, which may need to be considered in respect to the safety of yourself and others. Please give details on the rear of this form

Declaration: I wish to become a member of XXXXXXXXX. If accepted I agree to be bound by the rules of the organisation. I understand that these indemnify XXXXXXXXX against any injury or loss (including personal effects), which I might sustain through the practice of Aikido or otherwise. I have no objection with the above information being held on the _____ database for registration/membership purposes.

SIGNED _____ DATE _____

CLUB LEADER/REGISTRAR – Please check and sign this form to confirm this student wishes to become a member of the above Club.

SIGNED _____ DATE _____

(Please note: Unsigned forms will be returned to the Club Leader for verification.)

FURTHER INFORMATION: