

KOMYOKAN AIKIDO ASSOCIATION MEMBERSHIP FORM

Tel: 0151 652 1526

Email: secretary@aikido.co.uk

Web: www.aikido.co.uk

1. Adult (18+) Membership Category (Please tick ONE option)

	Waged	Unwaged/Student
Temporary Membership*	£11 <input type="checkbox"/>	£6 <input type="checkbox"/>
Upgrade to Full Membership	£24 <input type="checkbox"/>	£14 <input type="checkbox"/>
Full Membership / Renewal	£35 <input type="checkbox"/>	£20 <input type="checkbox"/>

2. Member's Details (Please print CLEARLY in BLOCK CAPITALS)

First Name		Post Code	
Surname		Instructor (Y/N)	
D.O.B.		Telephone	
Address Line 1		Mobile	
Address Line 2		Email	
Address Line 3		Membership No.	

3. Emergency Contact Details **

Emergency contact name:	Emergency contact number:
<i>** This information is important and will only be used in an emergency</i>	

4. Dojo Details

Name of Dojo		Current Grade	
Date of last grading	(leave blank if N/A)	Instructor's signature	

Once you have completed this form, please return it along with your **membership fee** and your **membership book, through your dojo officer**, to:

Membership Sec, Komyokan Dojo, 146 Harrowby Road, Birkenhead, Wirral, CH42 7HX.

For Full Membership and Upgrade to Full Membership please include **2 passport-sized photos**.

*Temporary Membership is **only valid for eight weeks from your first practice date**. This also gives you insurance cover, which we are required to provide before you can practice. In order to continue your practice after this period you must become a full member of the KAA.

The committee reserves the right to refuse any application.

Privacy Statement: The information that you have given us will be held and processed in accordance with the Data Protection Act 1998 and GDPR 2018. We will only use this information to contact you about KAA business and events. Your name only will be shared with the JAC and Hombu Dojo for insurance purposes, coach records and Dan grade records but other than this we will never share your information with any other organization. Health information will be stored securely and only given to the medical services in case of emergency. You may ask for your details to be removed at any time after you leave the KAA although some details will have to be held for a minimum of three years for insurance purposes. If you have any questions or you wish to ask for your details to be removed please contact the KAA secretary.

Name:	Signature:	Date:
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