

THE INSTITUTE OF AIKIDO

APPLICATION FOR MEMBERSHIP



Please use block capitals

SURNAME.....FORENAME (s).....

DATE OF BIRTH.....(IF AGED UNDER 16 YOU MUST GET YOUR PARENT OR LEGAL GUARDIAN TO SIGN BELOW)

CLUB.....GRADEINSTRUCTOR.....

ADDRESS.....

.....POSTCODE.....

PHONE NO. (HOME).....PHONE NO. (WORK).....

EMAIL ADDRESS..... TICK BOX IF YOU DO NOT WISH TO BE INCLUDED ON OUR CLUB MAILING LIST

I renew my of the Institute of Aikido. If accepted, I agree to be bound by the constitution and bye-laws of the Institute. I understand that Aikido is potentially a dangerous martial art and that there is a risk of injury. I agree always to practice in a responsible manner. It is a requirement of the Data Protection Act 1998* that persons give their written authority to have their details recorded. By signing below, you are allowing your personal details to be recorded on the club, association and British Aikido Board database. These databases are not distributed to any other third party and are not used for non-Aikido related function. Failure to sign below means that you cannot be a member of these associations. For persons under the age of 16, a parent or legal guardian must sign on your behalf.

SIGNED.....PRINT NAME.....DATE.....

*YOU ARE ENTITLED TO SEE YOUR RECORDS BY REQUESTING THEM IN WRITING OF THE ASSOCIATION DATA PROTECTION OFFICER, ENCLOSE A SAE. THE ADDRESS OF THE DATA PROTECTION OFFICER IS AVAILABLE FROM YOUR INSTRUCTOR. THE DATA PROTECTION OFFICER WILL RESPOND TO YOUR REQUEST WITHIN 30 WORKING DAYS.

WAGED=£20 BY STANDING ORDER (THIS METHOD IS EASIER FOR OUR ADMINISTRATION) CASH OR CHEQUES. UNWAGED=£10