

Attach Photo
Here

Needed by 4th
week

Lancashire Aikikai

Application for Aikikai Membership and British Aikido Board Registration
Certificate



Full Name:

Address:

Postcode:

Phone Number (full STD code):

Email Address:

Date of Birth:

Emergency Phone No.

Emergency Contact Name:

Relationship:

Club: **Trafford Aikido**

1. Are you ? :-

- A New member or
 A Visitor

2. Are you ? :-

- Under 18 or
 Senior

3. Have you any Previous
Martial Art experience :-

What?

Grade?

Please disclose any health problems or disabilities that might affect your practise such as diabetes, asthma, heart problems, respiratory problems, fits, blood disorders, previous injuries etc.

Full disclosure is important for insurance purposes and also for your own well-being. Benefits are not payable for pre-existing injuries or if practise is against medical advice. Fuller details concerning cover can be obtained via the Club Leader / Instructor. Benefits are restricted for certain age groups.

Where did you hear about the club? (Tick one and give details)

<input type="checkbox"/> Internet & which site?	<input type="checkbox"/> Altrincham Centre Information Leaflet	<input type="checkbox"/> Trafford Aikido Flyer & where?	<input type="checkbox"/> Trafford Aikido Poster & where?	Details
<input type="checkbox"/> Newspaper & which?/when?	<input type="checkbox"/> Word of Mouth & whom?	<input type="checkbox"/> Other....		

I acknowledge that Aikido is a Martial Art. I have disclosed above all problems or disabilities and obtained medical advice to practice Aikido as necessary. I wish to become a member of the Lancashire Aikikai and agree to abide by its rules and constitution. Information about me will be held by the local club / Aikikai / Governing Body but will only be used for Club, Aikikai and Governing Body and not given to external parties. Data Protection Act 1998 principles are applied. The Aikikai has a Data Handling Policy see its website. Your email address will be used by your Club and the Aikikai to send you information. You may unsubscribe at anytime.

Signed (If under 18 – signed by parent, guardian or responsible adult on behalf)

Date:

To be completed by the club 1 month 3 month Full Amount £ Photo Y / N

BAB Number Expiry Date Signed Date

For club leader / secretary – This completed form must be dispatched to Mike Horne, 2 Handforth Close, Thelwall, Cheshire WA4 2JR no later than the 25th of the month in which it has been completed.

The fee is that currently required by the Lancashire Aikikai. On receipt of this form, the correct fee and one passport size photograph, a membership book will be issued. Cheques sent to the Membership Secretary should be made payable to the Lancashire Aikikai.