

AIKIDO SEISHIN KAI

**Private and confidential**

NEW APPLICATION FOR INDIVIDUAL MEMBERSHIP

Full Name:..... Please  
Address:..... Supply Two  
..... Passport  
Email:..... Photographs  
Tel No:.....Date of Birth:..... (New members only)

What is your current Aikido grade.....  
Previous martial arts experience, inc grade achieved:.....  
.....

If you have a medical condition which could be affected by your training of Aikido, please  
Provide that information:.....  
.....

Signing this form is an agreement to abide by the rules of Aikido Seishin Kai and an acceptance  
that practising Aikido may involve the risk of an injury.

Applicants Signature.....Date.....

Appropriate Fee: £.....Senior / Junior / Concession

Date of first practice.....Local of Dojo.....

**Please complete and return this form to the club instructor          Instructors Signature.....**

**OFFICE USE ONLY BELOW THIS LINE**

**N.B. This fully completed form must be returned to the Licensing Officer no later than the 7<sup>th</sup> day of the month following their first practice.**

Aikido Seishin Kai Membership Number.....First Insurance certificate No. ....

Date Received.....Date insurance started.....L.O. signature.....

Temporary Licence issued Yes/No Date.....Full Licence issued Yes/No Date.....