



Referral from Google, MSN, other?.....please state below:



CENTRAL LONDON SHODOKAN AIKIDO CLUB

CLUB MEMBERSHIP APPLICATION FORM

PLEASE USE BLOCK CAPITALS

MEM NO. _____

TITLE	Mr.	Mrs.	Ms.	Dr.	Miss.	Master
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SURNAME _____

OTHER NAMES _____

DATE OF BIRTH	Day	Month	Year	Sex
				Male Female

OCCUPATION _____

HOME ADDRESS _____

TOWN _____

COUNTY _____

POST CODE _____

TELEPHONE NUMBER _____

E-MAIL ADDRESS _____

NEXT-OF-KIN CONTACT	Tel:	Additional Contact:
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SIGNATURE _____

DATA PROTECTION ACT (To be signed by Parent or Guardian if below 16 years of age)

It is the requirement of the Data Protection Act 1998 that persons give their written authorization to have their details recorded. By signing this application form, you are giving permission for your personal details to be recorded by the Central London Shodokan Aikido. This information will NOT be distributed to any other third party and will not be used for non-Aikido related functions. Failure to sign the application means that you cannot be a member of the Central London Shodokan Aikido Club. For persons under the age of 16 please ensure a parent or legal guardian signs on your behalf.

