



Shun Poo Kan Membership Form

AIKIDO

Type

New Change of Details

| | | | |
|------------|--|-------------------|--|
| Start Date | | Membership Number | |
|------------|--|-------------------|--|

This Form Must Be Completed In Full

| | | | | | | | | | |
|--|--------------------------------|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|-----|-------------------------------|---------------------------------|
| Surname | | | | | | | | | |
| Forename(s) | | | | | | | | | |
| Address | | | | | | | | | |
| Telephone | | | | Mobile | | | | | |
| Email | | | | | | | | | |
| Date Of Birth | | | | Age | | | Sex | Male <input type="checkbox"/> | Female <input type="checkbox"/> |
| Status | Adult <input type="checkbox"/> | Junior <input type="checkbox"/> | Employed <input type="checkbox"/> | Unemployed <input type="checkbox"/> | Student <input type="checkbox"/> | | | | |
| Have you any injury or illness which may inhibit your ability to practice? | | | | | | | | | |
| | | | | | | | | | |
| Emergency Contact Name | | | | | | | | | |
| Emergency Contact Telephone Number | | | | | | | | | |

Data Protection Act

It is a requirement of the Data Protection Act 1998 that persons give written authorisation to have their details recorded. By signing below, you give permission for Shun Poo Kan Aikido to record the above details in an electronic database. This database is NOT distributed to any third party and not used in any non-Aikido related functions. Failure to sign this document will mean that you CANNOT be a member of this organisation. For persons under the age of 16, a parent or legal guardian MUST sign on your behalf.

| | |
|------------|--|
| Print Name | |
| Signature | |