

和道流空手道連盟



WADO-RYU KARATE-DO ACADEMY APPLICATION FOR MEMBERSHIP

NOTES

1. Individual membership is granted subject to the conditions laid down in the constitution and bye-laws of the Wado-Ryu Karate-Do Academy.
2. Individual membership is renewable annually from the date of issue.
3. Only current individual members of the Academy will be permitted to Grade
4. Your individual membership is not transferable.
5. If the conduct of any individual member shall, in the opinion of the Chief Instructor, be injurious to the character and interests of the Academy, he shall be empowered to withdraw the membership of such individual member.
6. The Membership Passport remains the property of the Wado-Ryu Academy and may be withdrawn at anytime. It should not be tampered with or passed to any unauthorized person. Any case of loss or destruction should be immediately reported to the Academy.

HOW TO APPLY

To receive your Wado-Ryu Karate-Do Academy passport, fill in the attached application form and send it with sufficient postage to the address below together with:

1. **Cheque or Postal Order** made payable to **Wado Academy**.
2. **Three passport photographs on photographic paper** of yourself. -
3. **An A4 or A5 sized self-addressed envelope with stamps to the value of £1.19**
4. Your expired Academy Passport (if applicable).
5. Write your name and address on the back of the envelope.

To:- **M. Shiomitsu, Wado-Ryu Karate-Do Academy, 116 Poplar Road South, Merton Park, London SW19 3JY**

Your passport will be valid within 14 days after the application date and will be sent to you by post.
The Wado-Ryu Karate-Do Academy reserves the right to decline applications without giving a reason.

TO BE COMPLETED IN BLOCK CAPITALS

Type of membership applied for (Please tick box)

- Adult (16 years or age or over) £26 Child (15 years of age or below) £18

Surname Mr/Mrs/Miss/Ms

Forenames

Home Address

.....

Post Code..... Telephone No

Date of Birth..... Place of Birth

National Status..... Residence

Occupation/Profession..... Date of starting karate

Club.....ASD Yamashita Club..... Grade

Instructors NameVenanzoni.....

Present Assoc/Federation (if any)FIJLKAM/CSAIN/CSEN.....

Membership No..... Expiry Date

Please state any refereeing qualifications you have with dates.....

Do you suffer with any of the following? If yes please tick.

- Epilepsy Heart Disorder Hemophilia
 Diabetes Respiratory Problems (eg. Asthma) Nervous Disorder

Others as specified

Height.....M Weight.....Kg

Have you ever been convicted of a crime of violence? Yes/No

Turn Over

YOUR KARATE HISTORY

TO BE COMPLETED BY ALL NEW APPLICANTS

Date of starting Karate (month and year)

Name of Association ASD Yamashita Club.....

GRADES AWARDED

GRADE	STYLE	DATE	ASSOCIATION

Please enclose copies of any Dan Grade Certificates

DECLARATION

I certify that to the best of my knowledge and belief the foregoing details are correct and in the event of being accepted I undertake to abide by the constitution and bye-laws of the Academy.

Signature Date

Signature of parent or guardian if applicant is below 18 years of age

Signature Date.....

FOR OFFICIAL USE ONLY

FEE RECEIVED DATE..... M'SHIP No

ISSUED EXPIRY DATE