



## **Aikido Research Federation** **Membership Application**

Junior grade - up to the age of 17

Senior grade - 18 to the age of 85

\* Please note that starred fields are mandatory. Failure to fill them in correctly may result in your application form being returned to you.

\*Aikido club / Association: - Southport Muto Aikido Club / WMAA

Title (Mr, Mrs, Miss etc) : .....

\*Surname .....

\*Forename(s) .....

\*Address .....

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\*Post code .....

Email address .....

\*Contact telephone number - (Landline) .....

(Mobile) .....

\*Date of birth .....

\*Do you hold a current BAB license? YES/ NO

(If yes please give details) Number..... Expiry date.....

Emergency contact: Name: .....

Number: .....

I confirm that I wish to join the Aikido Research Federation (ARF) of my own free will and that I have not been enticed to join the ARF from another association.

- I accept the rules of the ARF and that the practice of Aikido could involve the risk of injury.
- I confirm that I have no known injuries or conditions that might make the practice of Aikido hazardous to my health. (If you are unsure, please consult your doctor *before* commencing your practice, and *always* notify your instructor of anything that might affect your practice.)
- I confirm I have enclosed the appropriate fee (£18). Cheques should be made out to West Midlands Aikido Association (WMAA).
- I confirm I have enclosed two **passport photographs** (\*affix one in space indicated, the other *must be signed* and loosely attached to this form).

*It is a requirement of the Data Protection Act 1998 that persons give their written authorisation to have their details recorded. This includes the taking of photographs that could be used on our website. By signing below, you are allowing your personal details to be recorded both in the ARF database and the British Aikido Board database. Photographs or data base information will not be forwarded on to any other third party or used for non-aikido related functions.*

\*Print name .....

\*Signature.....

\*Date. ....

\*Signature of parent or guardian (Junior Applications) .....

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For Club use only

\*Club instructor (print name): .....

\*Signature of club instructor.....

\*Date.....

\*Coach certificate number.....

\*CRB number (Junior Applications) .....

Please return the completed membership form, with a cheque for the correct amount, to the ARF membership secretary/ treasurer via your club instructor with a self-addressed envelope and the correct postage - 40p for 2<sup>nd</sup> class, 48p for 1<sup>st</sup> class mail. (Each license weighs 34gms + 1 A4 sheet + envelope)

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For ARF use only

Membership fee..... BAB fee.....

Membership number..... Membership due date.....