

## Essex Aikido Dojo (Shoshinkan)

## Application for personal club membership

Please complete this form and return via your club's administrator to:

Membership Officer, Essex Aikido Dojo (Shoshinkan) 49 Arundel Road, Benfleet, Essex. SS7 4EE

> Email: shoshinkan@hotmail.co.uk Tel: 07709044545

Renewal of member If this application is for r membership number (se	enewal of an e			ck box and insert	your BAA	□ BA	AA Membership No.:
, ,	, 0			<b>BLOCK CAPITA</b>	LS		
Title	Mr. □	Mrs. 🗖	Ms □	Miss 🗖	Dr. 🗖	Master 🗖	Other:
Family name							
Other names							
	Day	Month	Year			Female	Male
Date of birth							
Home address							
Town							
County							
Post code							-
Telephone No.				(Home)			(Work/Mob)
Email:				•	•		
In Case of Emergency No				(ICE)			
Please note that including You will be able to remov							a X in the box: □
Grade (current)			Date		Place		
	To be sign	ed by parent	or guardia	n if applicant is	under 18 ye	ars of age*	
Signature of applicant					Day	Month	Year
From time to time photogr of whom you are signing	raphs may be use	ed by the Club for	publicity purp	oses. Please tick the	box if you do n	ot want photographs	taken of the child on behalf

Data Protection Act
It is a requirement of the Data Protection Act 1998 that persons give their written authorisation to have their details recorded. By signing this application form, you are giving permission for your personal details to be recorded in the databases of Essex Aikido Dojo (Shoshinkan). This database is not distributed to any other third party and is not used for non-Aikido related functions. Failure to sign the application will mean you cannot be a member of Essex Aikido Dojo (Shoshinkan). For persons under the age of 18 please ensure a parent or legal guardian signs on your behalf.