

# Kyu Shin Kan



## Application for membership

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Dojo: \_\_\_\_\_

**Membership Type:** New / Renewal

### *Personal Details:*

**Gender:** Male  Female

**Surname**  **Forename**

**Date of Birth**  **Email**

**Address**

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

**Post Code**

**Mobile**

**Membership Number** (if renewing)

**Adult**   
**Student**   
**Junior**

### 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 the box below you are allowing your personal details to be recorded on the Kyu Shin Kan, United Kingdom Aikikai and Joint Aikido Council databases. These databases are NOT distributed to any other third party and are NOT used for non-Aikido related functions. Failure to sign below will mean that you cannot be a member of these Associations. For persons under the age of 18 please ensure that a parent or legal guardian signs on your behalf.

**Print Name**

**Signature**

**Date**