

Adult Membership Application Form



Herbert House,
Lower Stn. Approach,
Temple Meads,
Bristol
BS1 6QS

Please write clearly in black or blue ink and **BLOCK CAPITALS**.

All forms **MUST** be signed and dated.

New Members

As soon as possible please supply a passport-sized photograph of yourself, which should be fixed in your membership book in the space provided.

Renewals

Enter your membership number, name, club and any details which may have changed, and sign and date the form.

If there is insufficient space to complete and entry continue overleaf.

The N.A.F. reserves the right to refuse an application without giving a reason.

Fees (as per Apr. 2004)
£20.00 Std. adult
£10.00 Unwaged

Note: Non-refundable

N.A.F. member no.	<input type="text"/>	<i>Required entry for renewals</i>
Surname	<input type="text"/>	
Forename	<input type="text"/>	
Middle Initial(s)	<input type="text"/>	<i>e.g. Mr, Ms, Dr etc.</i>
Title	<input type="text"/>	

House and street	<input type="text"/>		
Town / city	<input type="text"/>		
County	<input type="text"/>	<input type="text"/>	Email <input type="text"/>
Telephone	<input type="text"/>	<input type="text"/>	<i>inc. area code</i>

Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>	<i>Required entry for juniors</i>
Licence type	Std. adult <input type="checkbox"/>	Unwaged <input type="checkbox"/> <i>(select one only)</i>
Club	<input type="text"/>	
School	<input type="text"/>	

Medical problems (please tick any that)	Haemophilia	<input type="checkbox"/>	Heart disorders	<input type="checkbox"/>
	Nervous disorders	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>
	Hay fever / allergies	<input type="checkbox"/>	Migraine	<input type="checkbox"/>
	Respiratory (e.g. Asthma)		<input type="checkbox"/>	
	Diabetes	<input type="checkbox"/>	Other – give details	<input type="text"/>
Notes	<input type="text"/>			

If you have ever been convicted of a crime of violence, please give date(s) and brief details.

If you hold a current MADEC, BAB or similar licence providing insurance cover for the practice of Aikido other than via the NAF, please give the licence number, expiry date and organisation (optional).

If you have practiced another martial art please give brief details including style, dates(s) and any grades obtained (optional).

It is a requirement of the Data Protection Act that persons give their written authorisation to have their details recorded. By signing this form you are allowing your personal details to be recorded in the National Aikido Federation database and the British Aikido Board database. These databases are NOT distributed to any other third party and are not used for non-Aikido related functions. Failure to sign will mean you cannot be a member of these associations.

Signed

Date

***This does not affect your statutory rights**

Office Use
Received on
Fee received
Photos