合氣道

Title (Mr/Mrs/Dr)

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KAI SHIN KAI
TRADITIONAL
AIKIDO
MEMBER
OF
THE
BRITISH
AIKIDO
BOARD

Registrar & D.P. Officer - KSK

Philip Griffin 20a, Lower Road Stoke Mandeville Bucks HP22 5XB

2 01296 613189 e-⊠ ksktalk@hotmail.co.uk



Please, complete this application form clearly, BLOCK capitals are good!

Initials & Surname

| Date of Birth | First Name (Known by) | | | | | |
|---|---|---|---|------------------------------|--|--|
| Sex (M or F) | Senior / Junior (under16) | | | | | |
| Address | | | | | | |
| | | | | | | |
| | | | | | | |
| Postcode | | Telephone | | | | |
| e-⊠ Address | | | | | | |
| Club Name & l | Instructor | | | | | |
| Level - 1st Kyu & above | | | Date of | f Grade | | |
| Circle Member New Renewal | Senior £35 £30 | Junior (under18) £10 £10 £10 £10 | | | | |
| by the Informat but not to 'third in this manner. | ion Commissic parties'. By joi Γhank you. | tept by the Kai Shin Kaoner's Office. Details a ining this organisation of 16 please ensure a | are passed to the I you actively conse | BAB to issue ont to the info | relevant insurance rmation being used | |
| N.B. This form is | s required for <u>ini</u> | tial details, it is only nec | essary thereafter, wh | nen there are cl | nanges to your details. | |
| Date: | | Signature: (Or signature of guardian) | | | | |
| Primarily for use | e by the KSK Ro | egistrar: | | 1 | | |
| KSK Membership | No. | BAB Licence No. | | Expiry Date | e | |
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