

Title (Mr/Mrs/Dr)

KAI SHIN KAI
TRADITIONAL
AIKIDO
MEMBER
OF
BRITISH
AIKIDO
BOARD

Registrar

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

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



Please	complete	thic a	nnlication	form	clearly	$RI \cap$	CK	canitals	are good

Initials & Surname

Date of Birth			First Name							
Sex (M or F)		Senior / Junior								
Address										
					T					
Postcode			Telepho	one						
e-⊠ Addr	ess									
Club Name	& In	structor								
Level - 1st K	Kyu &	above			Γ	Date of Grade				
NB If your dan	grade	was awarde	ed other than by the	e KSK, pl	ease send pho	tocopy of gradin	g certificate/authorisation			
Circle Membership Type and Cost										
		, , , , , , , , , , , , , , , , , , ,		C:	T	_				
			New	Senior £35	Junio £10	[
			Renewal	£30	£10					
Ideally make all payments to your local club instructor who can pass these on to KSK Treasurer.										
by the Info relevant insu information	rmation rance being	on Commise but not to gused in the	ssioner's Office. 'third parties' . I is manner. Thank	Details a By joinin x you.	are passed t g this organi	o the British A sation you activ	idelines recommended ikido Board to cover wely consent to the gns on your behalf.			
N.B. This form is required for <u>initial details</u> , it is only necessary thereafter, when there are changes to your details.										
Date: Signature:										

KSKMemAppUKV8.doc September 2025