

# TAKEMUSU IWAMA AIKIDO EUROPE

## MEMBERSHIP APPLICATION FORM

Please complete CLEARLY in block capitals and return to your club secretary with two passport sized colour photos. Please print your name clearly on the back of each photo.

FORENAMES \_\_\_\_\_

SURNAME \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

\_\_\_\_\_ TOWN/CITY \_\_\_\_\_

COUNTY/COUNTRY \_\_\_\_\_ POSTCODE \_\_\_\_\_

PHONE NUMBERS (Mobile) \_\_\_\_\_ (Other) \_\_\_\_\_

EMAIL \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ GENDER \_\_\_\_\_

**CLUB NAME: CAMBRIDGE AIKIDO**

DATE STARTED WITH THIS CLUB \_\_\_\_\_ DATE STARTED AIKIDO \_\_\_\_\_  
(if different)

CURRENT GRADE (IF APPLICABLE) \_\_\_\_\_ DATE AWARDED \_\_\_\_\_

AWARDED BY \_\_\_\_\_ LOCATION \_\_\_\_\_

DO YOU HOLD A RECOGNISED AIKIDO COACHING CERTIFICATE? Yes / No

IF SO, PLEASE GIVE LEVEL ACHIEVED AND ISSUING BODY \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A CRIME OF VIOLENCE? Yes / No  
(IF SO, PLEASE GIVE DETAILS ON THE REAR OF THIS FORM).

NOTE: If there is any further information you might like to include (such as previous martial arts experience, first aid qualifications etc) then please use the rear of this form to add that information.

**Please Read:** You are required under the terms of the British Aikido Board to declare to your Instructor material facts concerning any medical or physical conditions which you may have, which may need to be considered in respect to the safety of yourself and others. Please give details here or on the rear of this form

**Declaration:** I wish to become a member of TIA Europe. If accepted I agree to be bound by the constitution and byelaws of the organisation. I understand that these indemnify TIA Europe against any injury or loss (including personal effects), which I might sustain through the practice of Aikido or otherwise. I have no objection with the above information being held on the TIAE database for registration/membership purposes. I have read and understood the Insurance Information sheet covering Personal Accident Insurance.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

CLUB LEADER/REGISTRAR – Please check and sign this form to confirm this student wishes to become a member of the above Club.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

(Please note: Unsigned forms will be returned to the Club Leader for verification.)

Membership Number	Registrar to affix photo here
This area is for REGISTRAR'S USE ONLY	
Date Received	

FURTHER INFORMATION: