

# Membership Application Form

## Go Shin Kai



### NOTES

Please find below information required to practice Aikido or apply/renew GSK membership. Anyone trying Aikido for the first time must complete section 1, 2 and 4. Section 3 should also be completed when paying or renewing your annual membership.

Please return the completed form to your club instructor or membership secretary.

### 1. ABOUT YOU

Name	<input type="text"/>	
Emergency contact name	<input type="text"/>	
Emergency contact number	<input type="text"/>	
Brief description of any injury or illness, which may inhibit your ability to practise	<input type="text"/>	
Gender (please tick)	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Nationality	<input type="text"/>	
Ethnic Origin (please tick)	<input type="checkbox"/> Asian or Asian British	<input type="checkbox"/> Black or Black British
	<input type="checkbox"/> Mixed Background	<input type="text" value="(please state)"/>
	<input type="checkbox"/> White British / Other	<input type="text" value="(please state)"/>
	<input type="checkbox"/> Other Ethnic Group	<input type="text" value="(please state)"/>
	Do you consider yourself to have a disability? (please tick)	<input type="checkbox"/> Yes
If Yes, please give a brief description	<input type="text"/>	

### 2. THE CLUB

How did you hear about us?	<input type="checkbox"/> Newspaper	<input type="checkbox"/> Poster/Flyer	<input type="checkbox"/> Internet	<input type="checkbox"/> Other
Club name	<input type="text"/>			
House	<input type="text"/>			
Date started with the GSK	<input type="text"/>			
Date/organisation of last grade	<input type="text"/>	<input type="text"/>	<input type="text"/>	Grade

### 3. MEMBERSHIP APPLICATION

Renewing members GSK No.	<input type="text"/>		
Please fill in section 3 or tick here if details have not changed since the last application	<input type="checkbox"/>		
Address	<input type="text"/>		
Postcode	<input type="text"/>		
Date of birth	<input type="text"/>		
Nationality	<input type="text"/>		
Telephone Number	<input type="text"/>		
Mobile Number	<input type="text"/>		
Email address	<input type="text"/>		
Status	<input type="checkbox"/> Adult	<input type="checkbox"/> Concession	<input type="checkbox"/> Junior (under 18)

### 4. AUTHORITY

It is a requirement of the Data Protection Act 1998 that persons give written approval to have their personal details recorded. By signing the box below, you are allowing your details to be recorded within Go Shin Kai and the British Aikido Board. Information is **NOT** distributed to any third party and will not be used for non-Aikido processing. For persons under the age of 18 please ensure that a parent or legal guardian signs on your behalf.

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