

# WORLD & BRITISH FEDERATION OF MARTIAL ARTS

Please address all Correspondence to:  
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## MEMBERSHIP APPLICATION

SURNAME: \_\_\_\_\_

FORENAMES: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ TELEPHONE NO: \_\_\_\_\_

DETAILS OF MARTIAL ART..  
GIVE STYLE AND GRADING \_\_\_\_\_

DO YOU HAVE ANY DISABILITIES (PHYSICAL OR MENTAL) OR DO YOU HAVE ANY OTHER MEDICAL PROBLEM THAT COULD AFFECT YOUR TRAINING. (E.G  
ASTHMA, HAYFEVER, MIGRAINE, EPILEPSY, SHORT SIGHTEDNESS, DEAFNESS, CONTAGIOUS DISEASES, LE AIDS ECT, ECT IF YES PLEASE LIST BELOW:-  
\_\_\_\_\_  
\_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A CRIME OF VIOLENCE. YES/NO - IF YES GIVE DETAILS:  
\_\_\_\_\_  
\_\_\_\_\_

I ACKNOWLEDGE THAT THE PRACTISE OF ANY MARTIAL ART/COMBAT SPORT MAY INVOLVE THE RISK OF INJURY AND I KNOW OF NO REASON WHY MEMBERSHIP OF THE FEDERATION SHOULD BE WITHHELD FROM ME. I AGREE TO ABIDE BY THE CONSTITUTION AND RULES OF THE FEDERATION AND I UNDERSTAND THAT THE FEDERATION RESERVE THE RIGHT TO DECLINE, REVOKE OR NOT RENEW AN APPLICATION WITHOUT GIVING REASON. (ANNUAL) I ALSO ACKNOWLEDGE THAT MEMBERSHIPS ARE NOT TRANSFERABLE.

SIGNED \_\_\_\_\_ DATE: \_\_\_\_\_  
(SIGNATURE OF PARENT OR GAURDIAN IF UNDER 16)

PLEASE STATE; JUNIOR OR SENIOR LICENSE=

SENIOR: £17.50 = LIFE / JUNIOR: £10.00 = LIFE / ANNUAL: SENIOR: £8.00 / JUNIOR £5.00  
PERSONAL INSURANCE - SENIOR £6.00 / JUNIOR INS - £5.00 INSTRUCTORS P.L £18.00  
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FOR OFFICIAL USE ONLY:

MEMBERSHIP NO. \_\_\_\_\_

FEE: £ \_\_\_\_\_

APPLICATION APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

Please photocopy if more forms are needed