

INDIVIDUAL MEMBERSHIP APPLICATION FORM

INSTRUCTIONS

Applicant

- (a) Complete all sections in CAPITALS. (Insurance is not granted if any box is left blank._
- (b) Complete only the second page (the next page) and give it to your instructor. *Do not send the form to British Taekwondo™*.

Instructor

Send the form promptly to British Taekwondo™ Membership Services (4 Tinshill Lane, Leeds, LS16 7AP).

HOW TO COMPLETE THIS FORM

(1) Applicant

Give your full name.

- (2) Membership Information
- (a) Membership fees are paid and renewed annually.
- (b) 'Status' means whether an application is new or a renewal of existing membership. In the case of existing memberships, indicate whether the renewal is on time or is late.
- (c) Membership should be renewed four weeks before it is due to expire.
- (d) Existing and previous members must provide details of their British Taekwondo™ membership.
- (e) New members must receive the membership book within 6 weeks of application. The book is your property and grading record, and should be kept safe
- (3) Grading Information
- (a) The applicant's grading and certificate details must be supplied in this section.
- (b) Members are awarded a British Taekwondo™ certificate when they have passed a Kup or Dan grading. No other certificate is permitted.
- (c) Under 'Applicant's Current Grade', indicate whether the grade is *kup* (coloured belt), *poom* (junior black belt rank) or *dan* (senior black belt rank).
- (4) Personal Information
- (a) Please give up-to-date address and contact details.
- (b) Applicants who suffer from any medical disorder must attach a letter from their doctor confirming that they are fit to practise WTF Taekwondo. Failure to do so may invalidate insurance cover.
- (5) To be completed by applicant/parent/ guardian
- (a) The applicant should sign and date this section or, if the applicant is under 18, the parent or guardian should sign.
- (b) Indicate after the signature whether the form has been signed by the applicant, a parent or a guardian by putting a circle round one option.
- (6) To be completed by all clubs

The club instructor should sign and date this section.

- (7) Data protection
- (a) Your information will be used by the British Taekwondo™ for membership administration and insurance purposes.
- (b) British Taekwondo[™] may also share your information with other sporting bodies so that they may send you information about their products and services.
- (c) If you do not agree to being contacted in this way, please click/tick in the box.

GENERAL INFORMATION

Insurance

- (a) The annual membership fee includes insurance and is non-refundable, in whole or part. Ask to see the Schedule of Insurance.
- (b) If you wish to make a claim under the British Taekwondo™ Accident and Public Liability Insurance Policy you must notify Membership Services in writing within 14 days of the accident occurring. Failure to do so may result in the claim being rejected.

Physical Contact

- (a) Applicants should be aware that from time to time it might be necessary for the Instructor to make physical contact with the applicant to adjust posture.
- (b) Sparring and self-defence can result in physical contact between members.

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INDIVIDUAL MEMBERSHIP APPLICATION FORM

(1) APPLICAN Surname	NT									
Forename(s)		<u> </u>								
	SHIP INFORMATIO		/ D = = =		/ D-		2 mantha lata / Dana		2 41	
Status (Circle	New / Renewal on time / Renewal 1-3 months late / Renewal more than 3 months late									
Membership N°				1			Annual Licence N°	u hava shangas	l clubs	
Expiry date (DD MM YYYY)		Day Month		Year			e if you have changed clubs our last application.			
	INFORMATION				1					
Applicant's Current Grade						Kup /	Poom / Dan (Circle one.)			
Applicant's most recent grading dates & <i>British Taekwondo</i> ™ certificate numbers		(5	Date		Certifi		Examiner			
		(DD MM YYYY)		N°		Name Grade				
(4) PERSONAL INFORMATION			•	•	•	•				
Address										
Address										
Town										
County										
Post Code										
retepriorie	Home	Click/tick here if ex-directory								
	Mobile									
E Mail (Parent's if under 18.)										
Occupation										
Date of birth (DD MM YYYY)		(Insert day, month and year as numbers)								
Nationality				•						
Med Condition or Disability										
Status (Circle)		ln	struct	or / Stu	dent		Sex (Circle)	Male /	Female	
(5) TO BE COMPLETED BY API										
							racticing Taekwondo. ions of the organisati		nbershij	p of
Applicant's/Parent's/ /Guardian's Signature							A	pplicant / Pare circl)		ardian
Date (DD MM YYYY)					(Insert	day, mo	onth and year as numb	,		
(6) TO BE COMPLETED BY ALI		L CLUE	SS.		`		, , , , , , , , , , , , , , , , , , ,	,		
Instructor's Name										
Club or Member Group Name										
Club N°		Area N°				Club N°)	Branch		
Instructor's Signature						<u> </u>				
Date (DD MM YYYY)					(Insert	day, mo	onth and year as numb	ers)		
(7) DATA PR	OTECTION	_	•							

If you do not wish to be contacted by other sporting bodies, please click/tick the box on the right.