



KAZOKU KAI SHOTOKAN INTERNATIONAL



Membership Application Form

Full Name _____ D/O/B _____

Address _____

Postcode _____

Please answer the following:

- 1) Do you suffer from any of the following conditions?
Asthma, Haemophilia, Epilepsy, Diabetes, Anaemia, Blackouts or Heart Disorder
(YES/NO)
- 2) Have you suffered from any medical condition that may prevent physical activity? **(YES/NO)**
- 3) Have you ever been convicted of a criminal offence? **(YES/NO)**

If the answer is **yes** then please give details on the back of this application. A "yes" answer may not preclude you from training and your information is kept confidential.

- 4) If you are over 18yrs of age, have you been vaccinated against covid 19? **(YES/NO)**

ANNUAL MEMBERSHIP FEE: £25.00

Payment for membership can be made directly in **cash** or **bank transfer** to:

KKSI – Sort Code: 20-49-17 Account no: 00098582

(If paying via bacs please put your name as the reference)

**If this is your first application, then please provide:
two passport sized photographs.**

Before signing, please read the following declaration and that you agree to its content:

"I apply to membership of the Kazoku Kai Shotokan International and I agree to abide by its rules. I agree to never say or do anything that may harm the prestige and honour of karate-do. I certify that I have never been refused membership of any other karate organisation."

(If applicant is under 18 years, then a parent or guardian must sign)

SIGNATURE: _____ DATE _____