



# 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.

**ANNUAL MEMBERSHIP FEE: £30.00**

Payment for membership can be made directly in **cash** or **bank transfer** to:  
**MR D. WILKINS – Sort Code: 60-13-39 Account no: 83471464**  
*(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 \_\_\_\_\_