



The Aikido Fellowship of Great Britain

Membership Application Form

Please read overleaf before completing this form

Please print in **CAPITALS**

Personal Details

Surname	<input type="text"/>	Forename	<input type="text"/>	Initials	<input type="text"/>
Address	<input type="text"/>		Date of Birth	<input type="text"/>	
	<input type="text"/>		Telephone Number	<input type="text"/>	
	<input type="text"/>		Emergency Contact Name	<input type="text"/>	
Post Code	<input type="text"/>		Emergency Contact Number	<input type="text"/>	
Email Address	<input type="text"/>				

Club Details

Club Name	<input type="text"/>	Instructor Name	<input type="text"/>
-----------	----------------------	-----------------	----------------------

Membership Type and Payment Details

Membership Type <small>Please Tick one only</small>	Insurance via the AFGB				Insurance via another Association				
	New	<input checked="" type="checkbox"/>	Renewal	<input checked="" type="checkbox"/>	New	<input checked="" type="checkbox"/>	Renewal	<input checked="" type="checkbox"/>	
	AFGB Membership Number (Renewal only) <input type="text"/>				Association Name <input type="text"/>				
	Membership Book Required (Irrespective of insurer, please tick if required) £5)? <input checked="" type="checkbox"/>				AAUK Number <input type="text"/>		Expiry Date <input type="text"/>		
Annual Fees (Including Insurance) <small>Please Tick One</small>	Junior (under 17) £15	<input checked="" type="checkbox"/>	Adult (17 & over) £25	<input checked="" type="checkbox"/>	Annual Fees (Excluding Insurance) <small>Please Tick One</small>	Junior (under 17) £15	<input checked="" type="checkbox"/>	Adult (17 & over) £25	<input checked="" type="checkbox"/>
	Total Paid £ <input type="text"/>								

Data Protection Act

It is a requirement of the Data Protection Act 2018 that persons give their written authorisation to have their details recorded. By signing the box below, you are allowing the personal details on this form to be recorded on the Aikido Fellowship Database and the names (only) to be passed to the British Aikido Board. These Databases are NOT distributed to any other third party and are not used for non-Aikido related functions. Failure to sign below will mean the applicant cannot be a member of the Aikido Fellowship. For persons under the age of 18 a parent or legal guardian must sign here. This indicates the assent of that parent / legal guardian to allow the person under the age of 18 to practice the martial art of Aikido.

Print Name	<input type="text"/>	Signed	<input type="text"/>	Date	<input type="text"/>
------------	----------------------	--------	----------------------	------	----------------------

Student Receipt

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

Money
Received
By:

Aikido Fellowship Membership Application

Amount Paid	£ <input type="text"/>
Payment Method (Circle one)	<input type="checkbox"/> Cheque <input type="checkbox"/> Cash <input type="checkbox"/> Bank Transfer

This receipt is to be retained by
the student as proof of payment



The Aikido Fellowship of Great Britain

Membership Application Form

Please read overleaf before completing this form

Please print in CAPITALS

Notes on the completion of

The Aikido Fellowship of Great Britain Membership Form

General

1. Please write clearly (print in CAPITALS).
2. All boxes with a thick border must be completed by the Student/Parent/Guardian.
3. All data supplied on this form will be used solely by the Aikido Fellowship for Aikido purposes only.

Personal Details

4. If no email address is given then the club and/or Association will not be able to keep the Student/Parent/Guardian informed of any changes to class times, cancellations, courses etc.
5. Please supply your most used e-mail address.
6. "Emergency Contact Name" and "Emergency Contact Number" fields are required for health and safety purposes. This information will only be used in emergencies. In cases here the student is under 18, this should be a Parent or Legal Guardian.
7. When the form is being completed by a parent or guardian, it is preferable that email information and telephone information be theirs and not that of the minor.

Membership Type and Payment Details

8. Payments by cash or bank transfer.
9. If payment is by bank transfer, the receipt can only be completed when confirmation of payment has been made.

Data Protection Act 2018

10. You are entitled to see your records by requesting them in writing of the Association Data Protection Officer (ADPO) and by enclosing a stamped address envelope addressed to yourself at your registered address and a cheque for £50 made payable to the "The Aikido Fellowship of Great Britain". The address of the ADPO is available via your instructor. The ADPO will respond to your request within 30 working days.
11. The form must be signed and dated, otherwise it has no validity.
12. By signing the form, Students (Parents/Guardians on behalf of under 18's) are obliged to embrace the regulations and responsibilities laid down by the Aikido Fellowship of Great Britain.