

## Application for INDIVIDUAL CLUB AFFILIATION to KONJAKU SHIN INTERNATIONAL

Chief Instructor: Dave Kershaw 8th Dan

Headquarters The Tudors, Main Road, Aylesby N.E. Lincolnshire, England DN37 7AW Tel: +44 (0) 7725 213786

email: karate@konjakushininternational.com website: http://www.konjakushininternational.com

USE BLOCK CAPITAL LETTER	RS ONLY		
SURNAME			
FIRST NAME			
ADDRESS			
		POST CODE	
TELEPHONE	CURRENT GRADE		
GRADE AWARDED BY			
POSITION IN CLUB			
PREVIOUS ASSOCIATION (if a	any)		
DATE OF BIRTH//	/ E-mail Addre	ess	
CLUB NAME (Name you would PLEASE NOTE: AFFILIATIONS	like to appear on the Affiliatio S WILL NOT BE ISSUED IN A	n Certificate) COUNTRY'S NAME; ONLY	CLUB OR ASSOCIATION NAME
NAME:			
CURRENT NUMBER OF STUD	DENTS		
	CLUB TRAININ	NG SCHEDULE	
DAY	TRAINING TIMES	INSTRUCTOR(S)	GRADE(S)
I wish to affiliate the above club to Affiliation will run for one year from Individual Licences are: Adult/Chil Please see separate Licence form Payment to be made via the Konja	n date of joining. d £15.00. All UK Affiliated Club m ı.	nembers are required to obtain	affiliation fee of £30.00 licences, which include insurance.
Signed		Date	

Please email the completed form to: Karate@konjakushin.co.uk along with confirmation of payment