

**SHOTOKAN KARATE INTERNATIONAL
AUSTRALIA INCORPORATED**

Memberships Office
61 Barnes Crescent, Menai, NSW, 2234



APPLICATION FOR MEMBERSHIP

(BLOCK LETTERS PLEASE)

FAMILY NAME: _____ GIVEN NAMES: _____

DATE OF BIRTH: _____ MALE/FEMALE: _____

ADDRESS: _____ SUBURB: _____ CODE: _____

STATE: _____ PHONE: _____ REGISTERED DOJO: _____

EMAIL ADDRESS: _____

Date of Application _____ Have you ever been a member of another Karate Club _____

If Yes, which one? _____

Grading status in above organisation? _____

HOW DID YOU HEAR ABOUT SKIA?

YELLOW PAGES - MARTIAL ARTS MAGAZINE - NEWSPAPER ADVERTISING - POSTERS - INTERNET SEARCH ENGINE

OTHER _____

MEMBERSHIP DECLARATION

In consideration of Shotokan Karate International - Australia Incorporated, hereinafter called the Association.

1. I warrant that I have a clean record, without prior convictions.
2. I warrant that I am physically and medically able to engage in a normal routine of exercise.
3. That while the Association will exercise all proper care in the conduct of its Dojo's I will attend the same entirely at my own risk and neither the Association, its Instructors, servants nor individuals shall be responsible for any personal or bodily injury which I may suffer whilst at a Dojo of the Association. Further, I hereby indemnify and hold harmless the Association, its Instructors, servants and all other persons from and against all legal liability (contractual or otherwise) to me in respect of bodily injury and/or damage or loss of property, arising by any means whatsoever, including the negligence or default (wilful or otherwise) of the Association, its Instructors, servants or any one or more of them or any person for whose negligence or default the Association is or maybe liable or arising out of any defect, whether latent or patent in the equipment or premises of the Association. I the undersigned do hereby pledge that I will at all times obey the Rules and Regulations as set down by the Association. I further agree that if I resign from the Association or if at any time I am found guilty of any infringement of the Rules and Regulations which results in my expulsion, I will not be entitled to any reimbursement of fees.

JOINING FEE, ANNUAL FEE & SPORTS ACCIDENT INSURANCE FEE, MUST ACCOMPANY FORM

SIGNATURE OF APPLICANT: _____ DATE: _____

PARENT/GUARDIAN (If under 18 years of age): _____

This form must be accompanied by TWO front view photographs approximately 3cm by 3cm, and the fees as currently stated by the Sliding Scale Fee Schedule of Shotokan Karate International - Australia Incorporated.

RETURN THIS FORM TO YOUR INSTRUCTOR OR THE CLUB ADMINISTRATOR

OFFICE USE ONLY: ALLOCATED MEMBERSHIP NUMBER _____ DATE _____