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WADO-RYU KARATE-DO ACADEMY

RENEWAL FORM

NOTES

1. Individual membership is granted subject to the conditions laid down in the constitution and bye-laws of the Wado-Ryu Karate-Do Academy.
2. Individual membership is renewable annually from the date of issue.
3. Only current individual members of the Academy will be permitted to grade or accumulate grading points
4. Your individual membership is not transferable.
5. If the conduct of any individual member shall, in the opinion of the Chief Instructor, be injurious to the character and interests of the Academy, he shall be empowered to withdraw the membership of such individual member.
6. The Membership Passport remains the property of the Wado-Ryu Karate-Do Academy and may be withdrawn at anytime. It should not be tampered with or passed to any unauthorized person. Any case of loss or destruction should be immediately reported to the Academy.

HOW TO RENEW

To renew your Wado-Ryu Karate-Do Academy passport, fill in the attached renewal form and send it with sufficient postage (second class 79p or first class £1.01, write your name and address on the back of the envelope) to the address below (allowing 14 days for administration) together with:

1. **Cheque or Postal Order** made payable to **Wado Academy**.
2. **An A4 or A5 sized self-addressed envelope with stamps to the value of £1.26 for return of your Academy Passport**
3. Your expired Academy Passport (without plastic cover)

To: - **M. Shiomitsu, Wado-Ryu Karate-Do Academy, 116 Poplar Road South, Merton Park, London SW19 3JY**

Your passport will be renewed from the expiry date and will be returned to you by post. If you have any questions please contact Maya Shiomitsu tel: 020 8543 1888 or e-mail: Info@wadoacademy.com

TO BE COMPLETED IN BLOCK CAPITALS

Type of membership applied for (Please tick box)

- Adult (16 years or age or over) £26 Child (up to 16th birthday) £18

Surname Mr / Mrs / Miss / Ms

Forenames

Home Address

.....

..... email address.....

Post Code..... Telephone No

Date of Birth..... Place of Birth

National Status..... Residence

Occupation/Profession..... Date of starting karate

Club..... Grade

Instructors Name

Present Assoc/Federation (if any)

Membership No..... Expiry Date

Do you suffer with any of the following? If yes please tick.

- Epilepsy Heart Disorder Hemophilia
 Diabetes Respiratory Problems (eg. Asthma) Nervous Disorder

Others as specified

Have you ever been convicted of a crime of violence? Yes/No

Turn Over

YOUR KARATE HISTORY

Name of club where you are currently training

GRADES AWARDED (since last renewal)

GRADE	STYLE	DATE	ASSOCIATION

DECLARATION

I certify that to the best of my knowledge and belief the foregoing details are correct

Signature Date

Signature of parent or guardian if applicant is below 18 years of age

Signature Date.....

FOR OFFICIAL USE ONLY

FEE RECEIVED DATE..... M'SHIP No

RENEWED EXPIRY DATE