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WADO-RYU KARATE-DO ACADEMY APPLICATION FOR MEMBERSHIP

November 2023

NOTES

- 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 runs until 31st December annually and must be renewed before the expiry date.
- 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 The Membership Passport remains the property of the Wado-Ryu Karate-Do Academy and may be withdrawn at anytime.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 unauthorised person. Any case of loss or destruction should be immediately reported to the Academy.

HOW TO APPLY

To receive your Wado-Ryu Karate-Do Academy passport, fill in this application form and send to the address below together with:

- Payment: Cheque made payable to Wado-Ryu Karate-Do Academy or Bacs payment to: Wado-Ryu Karate-Do Academy, Sort Code: 30-98-97, Account Number: 78489663
- 2. Three recent passport sized, passport quality photographs on photographic paper of yourself

Send to: Wado Academy, PO Box 48, Torrington, North Devon, EX38 9AU

Your passport will be valid within 14 days after the application date and will be sent to you by post. The Wado-Ryu Karate-Do Academy reserves the right to decline applications without giving a reason.

TO BE COMPLETED IN BLOCK CAPITALS

Type of membership applied for (Please tick box)

☐ Adult (16 years or age or over) £28	$3 \& £3 = £31 *see below \Box$ Child (up to 16th)	h birthday) £20 & £3 = £23 *see below
*£3 is the postage and pack	king charge to send your Wado Academy n	nembership documents to you
Surname	Mr/Mrs/Miss/M	S
Forenames		
Home Address		
Post Code	email address	
Date of Birth	Telephone no	
National Status	Place of Birth	
Occupation/Profession	Date of starting ka	urate
Club name and location		Current Grade
Instructors Name		
Present Assoc/Federation (if any)		
Membership No	Expiry Date	
Please state any refereeing qualification	s you have with dates	
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		
Height M Weight	Kg	
Have you ever been convicted of a crim	e of violence? Yes/No	Turn Over

YOUR KARATE HISTORY

TO BE COMPLETED BY ALL NEW APPLICANTS

Name of Association	1		
		GRADES AWARDED	
GRADE	STYLE	DATE	ASSOCIATION
Please enclose copie	es of any Dan Grade Cert	ificates	
-	•		
DECLARATION			
			ls are correct and in the event of be
ccepted I undertake	e to abide by the constitu	tion and bye-laws of the Ac	cademy.
Signatura		1	Data
_			Date
	or guardian if applicant i	•	_
Signature			Date
	F	OR OFFICIAL USE ONLY	Y
FEE RECEIVED			M'SHIP No
LL RECLIVED	Dill		
SSUED	EXPIRY	DATE	
November 2023			

Office Address: Wado Academy, PO Box 48, Torrington, North Devon, EX38 9AU Email: info@wadoacademy.com Telephone: 07951 919976