



# SHOTORYU KARATE KAI MEMBERSHIP APPLICATION



I wish to apply for membership of the SHOTORYU KARATE KAI ASSOCIATION and, if accepted, agree to uphold the honour of the Association and abide by any rules laid down by the Association.

### BLOCK CAPITALS PLEASE

Title \_\_\_\_\_ Full Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_ Post Code \_\_\_\_\_  
\_\_\_\_\_

Mobile \_\_\_\_\_ Landline \_\_\_\_\_

Email \_\_\_\_\_ DoB \_\_\_\_\_

Previous experience \_\_\_\_\_

Club Name \_\_\_\_\_ Practice Start Dt \_\_\_\_\_

I give permission for pictures & videos of me to appear on the:  
Association Facebook Group  &/or the Association web site

### For parents/guardians of children

I give permission for pictures & videos of **my child** to appear on the:  
Association Facebook Group  &/or the Association web site   
(if you would prefer for your child's video/picture not appear, please leave the relevant box blank)

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please INCLUDE me in the Shoto Ryu Karate Facebook group

Please INCLUDE me on the Shoto Ryu Karate email distribution list

Membership Fee: 18yrs & over - £25

17yrs & under - £15

Bank Transfer to: Sort Code: 08-90-21 Account No: 54061671 Ref: Initial Surname

or Cheque/Postal Order made payable to: **SHOTORYU KARATE KAI ASSOCIATION**

### Please enclose a passport photo with your application

### CONSENT FOR US TO USE YOUR PERSONAL DATA

Under the requirements of the General Data Protection Regulations, we are required to confirm your consent for us to use your personal data. Please note the information provided on this form will be used for the purposes of processing membership and communicating association events.

In completing this form, we assume your consent to this.

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