

Club Membership Application Form
Club Name: ........................................................................

Style: ..........................................................

**Club Instructor Details**

First Name: .................................................

Last Name: ......................................................................

Club Instructor Dan Grade...................................................

Style:..........................................................

Address: .................................................................................................................................................................................................................................................................Post Code: ............................ Email:........................................................................

Telephone number: ...........................................

Date of Birth: ....../....../.............

Current Association....................................................................

**Dan Grading History**

|  |  |  |
| --- | --- | --- |
| **Dan Grade** | **Date Awarded** | **Association** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Please enclose:

1. a)  Photocopies of Dan Grading Certificates Y/N
2. b)  Photocopy of DBS certificate Y/N
3. c)  Photocopy of First Aid Certificate Y/N
4. d) Photocopy of PI Instructors Insurance Y/N

Print Your Name: ...................................................................

Signature: ................................................................

Date: ..................................................................

**Club Venue Details**

Total Number of Club students..........................................

Total Number of Dan Grades......................................

Club Venue (1)...................................................................Days......................... Times............................

Club Venue (2)...................................................................Days.........................

Times............................

Club Venue (3)...................................................................Days.........................

Times...........................

Please complete this form and return to the Secretary. You will then be informed of the progress of your application.

In completing this form, you consent to your information being kept by K.K.A and shared with the EKF