



Aikido South Africa



Technical Director: Shihan Yoji Fujimoto (8th Dan)

CHILDREN'S MEMBERSHIP APPLICATION 2011

Parents must complete the following questions on behalf of the child

Surname:	<input type="text"/>	Initials:	<input type="text"/>	Name:	<input type="text"/>
School:	<input type="text"/>	Grade:	<input type="text"/>		
Date of birth:	<input type="text"/>	Identity number:	<input type="text"/>		
Age:	<input type="text"/>	Gender:	<input type="text"/>		
Telephone: Work:	<input type="text"/>	Home:	<input type="text"/>	Cell:	<input type="text"/>
Email:	<input type="text"/>				
Residential Address:	<input type="text"/>	Postal Address:	<input type="text"/>		
	<input type="text"/>		<input type="text"/>		
	Code: <input type="text"/>		Code: <input type="text"/>		
Type of membership:	<input type="text"/>	Membership number:	<input type="text"/>		
Name of Dojo:	<input type="text"/>	Grade in Aikido:	<input type="text"/>		
Aikido start date:	<input type="text"/>				

As parent / legal guardian, I hereby apply for children's membership to Aikido South Africa. Should my application for membership be successful, I agree to abide by the following rules and the ASA constitution.

- To give one calendar month's written notice on the event of resignation.
- To pay **R200 per annum** ASA membership affiliation fees, before end March 2011 or 1 month after registration if registering after the month of March.
- To pay **R120 per month** before the 7th of each month
- Payments: Aikido South Africa, **ABSA, Paarl, Branch 632005, Account nr: 92 2147 6312**
- To advise the club secretary in writing of any change of address or details.
- Not to hold the Aikikai, ASA, the Technical Director, its instructors or member clubs liable for any injuries or losses sustained during training.
- I understand that it is the responsibility of each member to co-operate in creating a positive atmosphere of harmony and respect in the Dojo and to abide by its rules.

SIGNATURE OF PARENT/LEGAL GUARDIAN

DATE