APPLICATION FOR MEMBERSHIP

PLEASE PRINT CLEA				
BRITISH BIRANKAI D)010	INSTRUCTOR		
MEMBERSHIP TYPE	New	Renewal		
STATUS	Adult	Concession	Junior (under 18)	
Name				Sex:
	Last	Firs	t	
Address				
			F	POST CODE
Tel No		_ Mobile	Email address	
Date of birth		Date:	started Aikido	
	Day/Month/Ye	ar	Month/Ye	ar
Rank	Rank date	Exami	iner	
	M	onth/Year		
Previous Dojo	Dojo Previous Instructor			
Ailmontos Diseas el	to a sector de la constant	the of the second		
Allments: Please gi	ve a brief descrip	tion (if any)		
EMERGENCY CONTACT: NAME			TEI NO	
- CONTACTOR OF THE CONT				
YUDANSHA ONL	Y:			
IAF No	Aik	ikai Member No	Registration date	
you are allowing your These databases are you cannot be a mem	the Data Protection personal details NOT distributed to the of these Asso	to be recorded both on the Bi to any other third party and a ociations. Data may be suppli	ritish Birankai (BB) database and the	
Signature			Da	te
Print Name				

Notes on the completion of this Membership Form

- 1. All data supplied on this form will be used solely by the BB and the BAB for Aikido business.
- 2. Items in bold **must** be completed.
- 3. The 'Date of Birth' **must** be supplied if the practitioner is under the age of 18.
- 4. 'Emergency Contact Name' and 'Emergency Contact Number' are required for health and safety purposes. Instructors have a duty of care to their students. This information will only be used in emergencies.
- 5. 'Ailments' consist of long term injuries or illnesses that may affect your ability to practise.
- 6. Data Protection Act. You are entitled to see your records by requesting them in writing from the BB Data Protection Officer (DPO) and enclosing a self-addressed stamped envelope. The address of the BB DPO is available to your instructor/representative. The BB DPO will respond to your request within 30 working days.