



# ANNUAL INSURANCE / MEMBERSHIP APPLICATION FORM FORM J

PART 1 (APPLICANT ONLY)

<b>FORENAME</b> <input type="text"/> <input type="text"/>		<b>Application Date:</b> <input type="text"/>	<b>Telephone Land:</b> _____ <b>Telephone Mobile:</b> _____ <b>E-Mail Address</b> _____
<b>SURNAME</b> <input type="text"/> <input type="text"/>		Do you suffer from any illness, disease or any other mental or physical disorder, which might become aggravated by the practice of Taekwon-do which might expose you or others to risk?  <b>YES / NO</b> (If Yes give details)	
<b>ADDRESS</b> <input type="text"/> <input type="text"/> <input type="text"/>		<b>Signature of Applicant / Parent or Guardian (Parent or Guardian to sign if applicant under 18 years)</b> <hr/> <b>Signature</b> <span style="float: right;"><b>Block Capitals</b></span>	
<b>POST CODE (Please Complete)</b> <input type="text"/>	<b>DATE of BIRTH</b> <input type="text"/>	<b>GENDER (Please Tick)</b> <b>MALE</b> <input type="checkbox"/> <b>FEMALE</b> <input type="checkbox"/>	<b>How Did You Locate the GTUK Club?</b> <span style="float: right;"><b>Photograph Permission for use to promote the club YES / NO</b></span>

PART 2 (INSTRUCTORS ONLY)

<b>Club Name:</b> <input type="text"/>	<b>NEW MEMBER (Tick)</b> <input type="checkbox"/> <b>RENEWAL (Tick)</b> <input type="checkbox"/> <b>BLACK BELT (Tick)</b> <input type="checkbox"/>	<b>Club Instructor or Secretary</b>  <hr/> <b>Signature</b> <span style="float: right;"><b>Block Capitals</b></span>
<b>Student Surname</b> <input type="text"/>		

PART 3 (ADMINISTRATION ONLY)

IMPORTANT: Please note the GTUK Administration Office TEL No: 01926 863111

<b>BTC NO:</b>	<b>REGISTRATION DATE:</b>	<b>EXPIRY DATE:</b>	<b>ADMINISTRATION COMMENTS:-</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>