



# ANNUAL INSURANCE / MEMBERSHIP APPLICATION FORM

## FORM J

PART 1 (APPLICANT ONLY)

<b>FORENAME</b> <input type="text"/> <b>SURNAME</b> <input type="text"/> <b>ADDRESS</b> <input type="text"/> <input type="text"/> <input type="text"/> <b>POST CODE (Please Complete)</b> <input type="text"/>	<b>Application Date:</b> <input type="text"/>	<b>Telephone Land:</b> _____ <b>Telephone Mobile:</b> _____ <b>E-Mail Address</b> _____  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>Signature of Applicant / Parent or Guardian (Parent or Guardian to sign if applicant under 18 years)</b>  _____ <div style="display: flex; justify-content: space-between;"> <span>Signature</span> <span>Block Capitals</span> </div>
<b>DATE of BIRTH</b> <input type="text"/>		
<b>GENDER (Please Tick)</b> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>		
How Did You Locate the GTUK Club?		

PART 2 (INSTRUCTORS ONLY)

<b>Club Name:</b> <input type="text"/> <b>Student Surname</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>   _____ <div style="display: flex; justify-content: space-between;"> <span>Signature</span> <span>Block Capitals</span> </div>
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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>
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