

Application for Membership

Please ensure all information is completed in full in CAPITALS.

Registration Type:	Club Number:
Junior	Reason for membership dates not running consecutively: -
Current Licence Expiry: (Must be completed with renewals)	Membership Number
Personal Details:	
Surname:	Forename(s):
Fitle:	Date of Birth:
Home Address:	
	Postcode:
Home Telephone:	Mobile:
Email:	
re you taking any medication / do you have any nedical conditions that may affect your training	Have you ever been convicted or cautioned of a Crime?
	Yes No
	If yes please supply details.
e may require a fit to train letter from your medical practition	ner if appropriate.
re you a member of any other Martial arts organ	nisation (not club) No 🗆 Yes 🗆
yes which one ?	
	tion to the World Ju-Jitsu UK CIC, I accept that participation in a martial World Ju-Jitsu UK CIC from losses, either personal, or of articles, or injur it to train in martial arts.
embership includes free insurance to all students between th	ne ages of 4-74 inclusive.
ne World Ju-Jitsu UK CIC has a Data Privacy Policy which can	be found on our website. ored and used in accordance with this Policy.
y signing this form, you are agreeing that your data will be sto	

Please state the relationship to applicant if signing on his/her behalf:_