

Aikido Research Federation
Coach / Instructor Membership Renewal &
P. I. Insurance Application



* Please note these fields are mandatory. Failure to fill them in correctly may result in your application form being returned to you.

*Aikido club / Association

*Full Name

*Address.....

*Post code.....

Email address.....

*Tel No: Emergency Contact No:
.....

*Current BAB Licence Number..... *Expiry date

*Coach Certificate Number.....

*Do you, *at any time*, teach students under the age of 18 years old? Yes / No

*If 'Yes' please provide your BAB CRB number.....

*Signature..... *date.....

Please return the completed form to the ARF membership secretary/ treasurer with a stamped-addressed envelope.
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For ARF use only

Membership fee..... BAB fee.....

Membership number..... Membership due date.....