Aikido Research Federation Student Membership Renewal Application



<u>Junior grade</u> - up to the age of 17 <u>Senior grade</u> - 18 to the age of 85

| * 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 |
| *Signature* *date* |
| *Signature of parent or guardian (Junior Applications) |
| *Club instructor (print name) |
| *Signature of club instructor |
| *Date*Coach certificate number* *CRB number(Junior Applications) |
| Please return the completed form, with a cheque for the correct amount, to the ARF membership secretary/ treasurer via your club instructor with a stamped-addressed envelope. |
| For ARF use only |
| Membership fee. BAB fee. Membership number. Membership due date. |