

## Sydney Aikikai Inc – Membership form

PLEASE PRINT DETAILS CLEARLY (THESE DETAILS ARE REQUIRED FOR INSURANCE)

NAME

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DATE OF BIRTH

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ADDRESS

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PHONE

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EMAIL

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PREVIOUS TRAINING, IF APPLICABLE

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EMERGENCY CONTACT NAME

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EMERGENCY CONTACT PHONE

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INSTRUCTOR/ WITNESS NAME

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DOJO JOINED AT (CIRCLE ONE)

TERREY HILLS    MANLY