ANNUAL INSURANCE / MEMBERSHIP APPLICATION FORM
FORM J

PART 1 (APPLICANT ONLY)

FORENAME

SURNAME

ADDRESS

POST CODE (Please Complete)

DATE of BIRTH

GENDER (Please Tick)

MALE ☐

FEMALE ☐

Application Date:

Telephone Land: _____

Telephone Mobile: _____

E-Mail Address _____

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?

YES / NO
(If Yes give details)

Signature of Applicant / Parent or Guardian (Parent or Guardian to sign if applicant under 18 years)

Signature **Block Capitals**

How Did You Locate the GTUK Club?

PART 2 (INSTRUCTORS ONLY)

Club Name:

Student Surname

NEW MEMBER (Tick) ☐

RENEWAL (Tick) ☐

BLACK BELT (Tick) ☐

Club Instructor or Secretary

Signature **Block Capitals**

PART 3 (ADMINISTRATION ONLY)

IMPORTANT: Please note the GTUK Administration Office TEL No: 01926 863111

BTC NO:	REGISTRATION DATE:	EXPIRY DATE:	*ADMINISTRATION COMMENTS:-*