



2020 MEMBERSHIP APPLICATION

(please print clearly)

Member Surname: First Name/s:

Date of Birth: / / Age:

Gender: Male Female

Address:

Suburb: State: Postcode:

Contact Details: Home (.....) Work (.....)

Mobile

Email:@.....

Please tick if relevant Aboriginal Torres Strait Islander

Rank: Belt Colour/Gup

Black BeltPoom / Dan Level Kukkiwon/ID number

Name of Head Instructor:

Name of your Club Instructor:

Name of your Club:

Note: Student accident insurance is not intended to replace medical/hospital benefit insurance. It is recommended that you have private health insurance in addition to the participation insurance. Please make sure that all the above information is supplied and is correct.

RETURN THIS FORM TOGETHER WITH CORRECT FEE TO YOUR INSTRUCTOR