

West London & Slough Taekwondo

Tel: 07885 819469 www.wlskd.com info@wlstkd.com

Membership Application Form

Name:			
Address line 1:			
Address line 2:			
Town:			
County or City:			
Postcode:			
Telephone number:			
Email:			
Sex M/F:		Date of birth:	
Next of Kin:			
Name / Relationship to student / Number			

Do you suffer from any of the following:

Heart disorders	<input type="checkbox"/>	Blood pressure	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Asthma	<input type="checkbox"/>
Nervous disorder	<input type="checkbox"/>	Migraine	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	Hay fever	<input type="checkbox"/>

If other give details:

Physical injuries or disabilities:

Please fill in this form clearly. Valid 'next of kin' details are especially important in case of emergency, with a mobile number being preferable. An email address is also very helpful for sending details of special offers and newsletters. Your membership will run continuously until cancelled in writing. By signing this form you agree to the clubs terms and conditions, copies of which are available on request. Please make your cheque payable to 'WLS Taekwondo'.

Signed: _____ Date: _____

If applicant is under 18 parent/guardian please sign and print name.

Membership & Payment Details

Single £35	<input type="checkbox"/>	Dual £59	<input type="checkbox"/>	Family £79	<input type="checkbox"/>	Joint/Family member	<input type="checkbox"/>
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All new enrolments are subject to a six month minimum period.
The following section should only be completed for the first or main family member.

Membership start date		Friends name if referral	
First payment to club date		First Payment to club amount	£
First payment to bank date		First payment to bank amount	£

Please enter details below of the account from which the direct debit will be drawn.

Name of Account holder(s)		Name of Bank	
Account number		Signed	Date
Sort Code			

(Club use only)

Membership number allocated:		Photos	
Dobok size		Dobok issued	Licence issued.