



Kin Su Dojo

Applicants
Photo

Membership Application

Full Name _____

Address _____

Date of Birth _____ Gender _____ ID Card _____

E-Mail _____

Mob if available _____

Entry date _____ Member ID _____ Signature _____

It is understood that all members must be ready to be automatically enlisted with the Malta Judo Federation, of which this club is affiliated with.

Due to the data protection act we would like you to mark one of the boxes with an (X) to confirm that you consent and give the club permission, to include the information you provided in his application, into club's computer database for administration purposes.

Yes we do. No we do not

This declaration is to be completed by applicant.

I certify that to the best of my knowledge and belief, the information given in this application is correct. If accepted as a license holder of this club, I agree to abide by the articles of this club and by the laws together with any amendments made during the time of my license and to comply with all rules of this Dojo.

Members under 18 years of age. Must have parents Signature:

Mother's Name _____, Mob _____ Signature _____

Father's Name _____, Mob _____ Signature _____
