

MEMBERSHIP APPLICATION FORM

FREDERIKSBERG AIKIDO KLUB

Membership no.

(To be filled in by FAK office)

I hereby agree to abide by all TERMS & CONDITIONS as stated and declare that all the information given by me are true and correct. I hereby agree that any misinformation or untrue herein stated shall render my application null and void and my membership be revoked.

Family name: _____

Given name: _____

Address: _____

City and Zipcode: _____

Phone): _____

E-mail: _____

Nationality: _____

Date of Birth (dd/mm/yy): _____

Grade information:

Not graduated in Aikido [] (use X)

Grade: _____ Date(dd/mm/yy)._____ Sensei _____

Organisation: _____

Long-time students from abroad studying or working here in Denmark need to authenticate their yudansha grade. Only yudansha grades issued from the Aikikai organisation are recognised.

(Please complete ALL sections of this form and return it to your Club Secretary/Teacher)

N.B. TWO PASSPORT PHOTOS MUST ACCOMPANY THIS FORM

** The fee is DKK 450,- (3 x 150,-) and include 3 months of training, hereafter the fee is DKK 150,- to be paid the first of every month. The fee can be transferred by bank to our account 2113-5498624768, remember to write your name and membership number.*

Date: _____ Your Signature _____

**I, the undersigned, am applying for membership and, intending to be legally bound, hereby for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages. I understand that the practice of Aikido or allied activities is freely undertaken and at my own risk. I shall not hold my club, the DAF, its officers, officials, instructors or any of my fellow members liable for any loss or injury I may sustain. The terms, conditions and duration of membership may be altered at any time.*