

Three Family Fist Membership Form

Forename: _____ Surname: _____

Address: _____

Town: _____ Postcode: _____

Tel (Home): _____ Tel (Other): _____

Date Of Birth: _____ E-mail: _____

Occupation: _____ Disabilities: _____

Where did you hear about us? (Friend, Advert, Web etc): _____

Any previous martial arts experience?: _____

Date of expired membership: _____ Grade: _____

Signature of Parent/Guardian (if under 18): _____

Emergency Contact Details:

Name: _____ Relation: _____

Address: _____

Town: _____ Postcode: _____

Tel (Home): _____ Tel (Mobile): _____

Official Use Only

Type of Membership: New Renewal Male Female

Type of Student: Student Instructor Committee Member

Payment Type: Direct Debit Monthly Pay As You Go

Member No: _____ Name of Club(s): _____

Accepting Instructor: _____ Date: _____

Receipt

Instructor: _____ Students Name: _____

Instructors Signature: _____ Amount Paid: _____
(in words)

Club(s): _____ Date Paid: _____

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