



©WHITE ROSE AIKIKAI  
PRIVATE AND CONFIDENTIAL  
NEW APPLICATION FOR INDIVIDUAL MEMBERSHIP

Surname:.....

Forenames:.....

Address:.....  
.....

E-mail:.....

Telephone No:.....Date of Birth:.....

STATE ANY PREVIOUS MARTIAL ART:.....  
.....

GRADE IN PREVIOUS MARTIAL ART:.....

IF YOU HAVE ANY MEDICAL CONDITION WHICH MIGHT AFFECT YOUR PRACTISE OF AIKIDO PLEASE PROVIDE THE INFORMATION BELOW:  
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.....

Where did you first hear of White Rose Aikikai?.....

Signing this form is an agreement to abide by the rules of the White Rose Aikikai and an acceptance that practising Aikido may involve the risk of injury.

Applicants Signature.....Date:.....

**Please Complete and return this form to a club instructor:**

**OFFICE USE ONLY**

White Rose Aikikai Membership Number.....Expires.....

PLEASE  
SUPPLY TWO  
PASSPORT  
PHOTOGRAPHS