

APPLICATION STATUS

New Renewal

Member N^o

(leave blank if new member)

Expiry date

DD/MM/YYYY (leave blank if new member)

MEMBER INFORMATION

Surname

Forename(s)

Address

Address

Town/City Postcode

Telephone - home Ex Directory Yes No

Telephone - mobile

Email (Compulsory)

Date of birth

Disability or medical condition (if applicable) Yes No (Please give full details on back of form.)

Nationality

DECLARATION

I acknowledge that I have been informed of the potential risks of practising Taekwondo. I apply for membership of British Taekwondo and agree to comply with the rules and regulations of the organisation.

Signature Date

(Applicants if 18 or over / Parent Guardian if under 18)

INSTRUCTOR DECLARATION

I confirm that this application has been submitted to Membership Services within 7 days of the applicant signing the form in accordance with British Taekwondo rules and regulations.

Club N^o

Club name

Instructor name

Signature Date

DATA PROTECTION

If you do not wish your information to be shared with any third parties, please click/tick the box on the right.

Your information will be used by British Taekwondo for providing membership services and administration and insurance purposes.