



ANNUAL INSURANCE / MEMBERSHIP APPLICATION FORM

FORM J

PART 1 (APPLICANT ONLY)

FORENAME <input type="text"/>										Application Date: <input type="text"/>			Telephone Land: _____												
SURNAME <input type="text"/>													Telephone Mobile: _____												
ADDRESS <input type="text"/>													E-Mail Address _____												
													Do you suffer from any illness, disease or any other mental or physical disorder, which might become aggravated by the practice of Taekwon-do which might expose you or others to risk?												
													YES / NO (If Yes give details)												
													Signature of Applicant / Parent or Guardian (Parent or Guardian to sign if applicant under 18 years)												
POST CODE (Please Complete) <input type="text"/>										DATE of BIRTH <input type="text"/>			GENDER (Please Tick) MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>			Signature _____ Block Capitals _____									
How Did You Locate the GTUK Club?										Photograph Permission for use to promote the club YES / NO															

PART 2 (INSTRUCTORS ONLY)

Club Name: <input type="text"/>										NEW MEMBER (Tick) <input type="checkbox"/>			Club Instructor or Secretary									
Student Surname <input type="text"/>										RENEWAL (Tick) <input type="checkbox"/>												
										BLACK BELT (Tick) <input type="checkbox"/>												
													Signature _____ Block Capitals _____									

PART 3 (ADMINISTRATION ONLY)

IMPORTANT: Please note the GTUK Administration Office TEL No: 01926 863111

BTC NO:	REGISTRATION DATE:	EXPIRY DATE:	ADMINISTRATION COMMENTS:-
----------------	---------------------------	---------------------	----------------------------------