Reishinkan Kendo Sydney

Membership Application

Applicant details	<u>i</u>		
Name:			
Gender:	Male / Female		
Date of birth:	/	(dd/mm/yyyy)	
Address:			
	Suburb:	State:	Postcode:
Phone number/s:			
Email:			
General informat	tion		
Occupation:			
Previous Kendo exp	perience (if any): Grad	le: Dojo:_	
Emergency contents Name: Contact number: Relationship: Any medical conditents			
Acknowledgeme	ent and Disclaimer		
l,			y to be admitted as a member of
Reishinkan Kendo S risks associated wi	•	uccessful in my applica	tion, I understand and accept the
Signature:			Date:/
Name:			

Membership fee: AUD300 per financial year.

Payment in Cash or EFT: Yoshiyuki Usami. BSB: 012-266 ACCT: 189680176