



Reishinkan Kendo Sydney Membership Form

Contact Details

Name: _____

Address: _____

Home Phone: _____

Work Phone: _____

Mobile Phone: _____

Email: _____

Add me to club mailing list for training announcements etc

General Details

Occupation: _____

Date of birth: _____

Sex: _____

Grade: _____

I will attend:

Tuesdays at East Roseville

Yes / No

Sundays at North Ryde

Yes / No

Emergency Contact Details

Name of person to contact : _____

Contact number: _____

Relationship to you: _____

Any medical condition we need to be aware of in an emergency? _____

Application acceptance and acknowledgement:

I _____ apply to be admitted as a member of the Reishinkan Kendo Club Sydney,
In the event of my admission as a member, I:

a) acknowledge and accept the inherent risks associated with playing Kendo.

Signature: _____

Date: _____

Fee structure:

\$260 per year if paid at the beginning of the new financial year

\$130 Half Yearly

Payment can be made by direct deposit into the following account:

Bank: ANZ

Acct Name: USAMI YOSHIYUKI

Acct No: 189680176 BSB: 012 266