



# 2019 MEMBERSHIP APPLICATION

(please print clearly)

Member Surname: ..... First Name/s: .....

Date of Birth: ..... / ..... / ..... Age: .....

Gender:  Male  Female

Address: .....

Suburb: ..... State: ..... Postcode: .....

Contact Details: Home (.....) ..... Work (.....) .....

Mobile .....

Email: .....@.....

Please tick if relevant  Aboriginal  Torres Strait Islander

Rank: Belt Colour/Gup .....

Black Belt .....Poom / Dan Level Kukkiwon/ID number .....

Name of Head Instructor: .....

Name of your Club Instructor: .....

Name of your Club: .....

**Note:** Student accident insurance is not intended to replace medical/hospital benefit insurance. It is recommended that you have private health insurance in addition to the participation insurance. Please make sure that all the above information is supplied and is correct.

**RETURN THIS FORM TOGETHER WITH CORRECT FEE TO YOUR INSTRUCTOR**