



# **ANNUAL** **MEMBERSHIP** **FORM**

(Name) ..... herewith applies for membership of the  
Konjaku Shin National School of Karate for the year .....

**Annual Membership fee (including insurance) : SENIOR: (over 16) £49.00**  
**JUNIOR: (under 16) £39.00**

**Fees for training are: SENIOR: £35.00 Monthly Payment**  
**JUNIOR: £30.00 Monthly Payment**

Please attach  
two passport  
size photos  
with first  
application  
only

Fees can be paid per session or in advance - monthly (Standing Order) or annually (Cash/Credit/Debit Card) giving unlimited training. Please see separate sheet for monthly and annual options.

No refund is made for missed lessons but the student will be given the opportunity for extra practice.

Please indicate method of payment and enclose Cash/Credit/Debit Card details for advance payments  
Cheques are not accepted. Payment can also be made by Bank Transfer; please ask for our bank details.

Per session ☐ Monthly ☐ Annually ☐ Cash/Debit/C.Card enclosed for: £ .....

## **REFUNDS - IMPORTANT NOTE**

**Standing orders can only be cancelled by the member/guardian directly with their bank. Konjaku Shin cannot cancel Standing Orders. Standing Orders will continue until they are cancelled. If Konjaku Shin is not informed that a student has ceased training, that student will still be deemed to be a member. Any overpayments are therefore NON-REFUNDABLE. Annual Membership, Monthly and Annual payments are on a Use or Lose basis, and are NON-REFUNDABLE, and the member/guardian accepts this with their signature below.**

*The Konjaku Shin National School of Karate reserves the right to cancel the membership of any member without reimbursement, should that member misuse the techniques of Karate-do, or in any way bring discredit to Konjaku Shin or Karate-do, or be found to abuse or damage facilities within the building.*

*The applicant acknowledges and accepts the membership and training fees, and conditions of membership detailed above, with his / her signature, and confirms that he / she has no criminal convictions.*

## **IMPORTANT**

**If you suffer from any illness or condition which could affect your participation in karate training please give full details on the reverse of this application form, together with full details of any medication used.**

NAME .....

ADDRESS .....

.....POST CODE .....

DATE OF BIRTH .....OCCUPATION.....

TELEPHONE NUMBER: ..... EMAIL .....

SIGNATURE OF APPLICANT/  
PARENT OR GUARDIAN IF UNDER 18.....