

KYOKUSHIN INTERNATIONAL MARTIAL ARTS AUSTRALIA
SHIHAN HOWARD LIPMAN – 8TH DAN – CHAIRMAN

PO BOX 717, ST IVES, NSW 2075
PHONE: 61 2 9144 2235 MOB: 0411 867 659 FAX: 61 2 9905 6347

MEMBERSHIP APPLICATION AND AGREEMENT FORM

ANNUAL MEMBERSHIP FEE \$60.00

NAME: _____
Given Name Surname

ADDRESS: _____

Suburb Post Code

PHONE: (Home) _____
(Work) _____
(Mobile) _____

E-MAIL: _____

D.O.B: ____ / ____ / ____

OCCUPATION: _____

TRAINING HISTORY: _____

MEDICAL HISTORY: _____

HOW DID YOU FIND THIS DOJO ? _____

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**PO BOX 717 ST IVES, NSW 2075
PHONE: 61 2 9144 2235 MOB: 0411 867 659 FAX: 61 2 9905 6347**

Application is hereby made by _____ to
become a member of Kyokushin International Martial Arts Australia.

1. I hereby promise on entering membership of Kyokushin International Martial Arts Australia, to obey the Dojo regulations and make every effort to improve my mind and body.
2. **An annual membership of \$60:00 must be paid by each student regardless of grade in March of each year.**
3. In consideration of membership to the said Kyokushin International Martial Arts Australia being granted to me, I hereby release Kyokushin International Martial Arts Australia from all liability whatsoever and howsoever arising by reason or account of or in any way connected with my membership and the activities of Kyokushin International Martial Arts Australia. And it is hereby agreed and declared between the parties hereto that this agreement may be pleaded in bar to any action suit or proceedings brought by me or against Kyokushin International Martial Arts Australia in any respect commenced by me in respect of the matters referred above.
4. For the consideration aforesaid I agree to hold Kyokushin International Martial Arts Australia harmless and indemnified from and against all liability which may hereafter arise out of my activities as a member or in any way connected with my membership of Kyokushin International Martial Arts Australia.
5. This agreement shall bind my executors, administrators and assigns.
6. The expression Kyokushin International Martial Arts Australia shall mean the owners, managers, and administrators of the said Kyokushin International Martial Arts Australia or the servants of agents thereof.

Dated this _____ day of _____ month 20 ____

Signed: _____
If under 18 years of age parents/guardian

Print Name: _____
Given Name Surname

Witness: _____
Signature Print Name