



Kin Su Dojo

Membership Application



Full Name _____

Address _____

Date of Birth _____ Gender _____ ID Card _____

E-Mail _____

Home Tel: _____ Mob Tel: _____

Entry Date _____ Member ID _____ Signature: _____

Members under 18 years of age must have parents Signature:

Mother's Name: _____ Mob: _____ Signature: _____

Father's Name: _____ Mob: _____ Signature: _____

The club is registered under data protection act. To include the information you provided in the club's computer database and administration purposes. Please complete the following section to indicate your consent.

Yes No

Due to the data protection act we would like you to mark the box (x) if you wish that your children are/not included in any photos that might be used for the promotion of this club on our webpage or printed paper

Yes No

This declaration is to be completed by applicant.

I certify that the information given in this application is correct and if accepted as a license holder of this club, I agree to abide by the rules and statute of this club.

Signature: _____

All members must be ready to be automatically enlisted with the Malta Judo Federation, of which this club is affiliated with.