

CLUB MEMBERSHIP 2010

Member name:

Personal Details

Address:

Tel:

Mob:

Email:

Date of birth:

Nationality:

Next of Kin (Emergency Contact):

Martial Art Experience or Sport:

Health Problems Declaration:

Membership Fee

- Paid Initial Joining Fee
- Paid PCYC Membership Fee
- Received Joining Pack

Training Fee

- Per Lesson
- Per Month

Signature: