



# Isshinkai Association

## Club Membership Form

Club Name:			
Location:			
Venue 1:			
Class Times:			
Venue 2:			
Class Times:			
Postal Address:			
		Postcode	
Website:			
Head Teacher (Regional):	(If any)		

### Dojo Head Teacher (Responsible Person)

Name:						
Email:						
Mobile:		Home:		Work:		
Best time to contact by phone: (Please Tick Days)	Monday	<input type="checkbox"/>	Time period	-	Where:	
	Tuesday	<input type="checkbox"/>	Time period	-	Where	
	Wednesday	<input type="checkbox"/>	Time period	-	Where	
	Thursday	<input type="checkbox"/>	Time period	-	Where	
	Friday	<input type="checkbox"/>	Time period	-	Where	
BAB Insurance Certificate No: (Required)						
Isshinkai Teaching Licence No: (Required)						
Teaching Licence Issue Date:						



# Isshinkai Association

## Club Membership Form

### Qualified Teachers

Ins. Cert. No. (Required)	Teaching License No. (Required)	Teaching License Issue Date	
---------------------------------	---------------------------------------	-----------------------------------	--

1					
2					
3					
4					

Club Secretary:

Email:

Mobile:

Home:

Work:

Best time to contact by phone:  
(Please Tick Days)

Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

Time period	
Time period	
Time period	
Time period	
Time period	

-
-
-
-
-

Where:	
Where	
Where	
Where	
Where	

Membership Secretary:

Email:

Mobile:

Home:

Work:

Best time to contact by phone:  
(Please Tick Days)

Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

Time period	
Time period	
Time period	
Time period	
Time period	

-
-
-
-
-

Where:	
Where	
Where	
Where	
Where	

Child Welfare Officer:

Email:

Mobile:

Home:

Work:

Best time to contact by phone:  
(Please Tick Days)

Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

Time period	
Time period	
Time period	
Time period	
Time period	

-
-
-
-
-

Where:	
Where	
Where	
Where	
Where	



# Isshinkai Association

## Club Membership Form

N.B. The Club Child Welfare Officer must be someone who is not a Teacher. All other posts may, if necessary, be held by someone who is also a Teacher or Dojo Head Teacher.

If no Child Welfare Officer is named,  
Dojo Head Teacher must sign here to certify  
that this club does not allow attendance by  
persons under the age of 18

Signature
-----------

**“Club Membership** - for clubs wishing to affiliate to the Isshinkai Aikido Academy, benefit from and participate in the activities of the Association and abide by it's Constitution, policies, working practices and guidelines.”

### Declaration

We the undersigned, on behalf of the above club, in accordance with the Isshinkai Association Constitution, hereby undertake to provide its members with a conducive environment to learn, i.e.:

- A licensed teacher or teachers,
- The opportunity to practice regularly,
- Facilities and equipment that are safe, adequate and appropriate
- Compliance to national statutory requirements, policies, guidelines and best practice

and to maintain membership of the Isshinkai Association by:

- Supplying it with required up-to-date information as and when required
- Participating in the activities of the Association
- Abiding by it's Constitution, policies, working practices and guidelines
- Maintaining adequate and required Insurances

Signed:

Dated

Dojo Head Teacher	Date
Club Secretary	Date
Qualified Teacher 1	Date
Qualified Teacher 2	Date
Qualified Teacher 3	Date
Qualified Teacher 4	Date

If any of the details on this form change, an updated copy should be sent to the Association Office