



International Okinawa Goju ryu Karate-do Federation New Zealand

MEMBERSHIP APPLICATION FORM

Applicants will be registered on the IOGKFNZ database and will be able to view their details via the website. Registration will be valid for 12 months. Please make your **cheque** payable to **IOGKFNZ. Only one form per family needs to be sent. Post to IOGKFNZ PO Box 9766 Wellington.**

Please tick the appropriate boxes below and enclose the correct payment:

[] Adult (age 18 +) \$10.00 [] Junior (under 18) \$10.00 [] Family (max 2 adults) \$10.00

New membership / Renewal (please circle one)

This below questions are aimed at generating information related to IOGKFNZ's marketing objectives. Please complete the below questions **in BLOCK CAPITALS**:

Member 1:

Surname..... First names..... D.O.B.....

Current grade ___ kyu ___ dan Dojo Instructor

Address.....

Phone.....E-mail.....

What is your gender? (please circle) Male / Female

What ethnicity do you **most identify with** (please circle one only): Maori / New Zealand European / Pacific Islander / Indian / Asian (please state)..... Other (please state).....

Member 2:

Surname..... First names..... D.O.B.....

Current grade ___ kyu ___ dan Dojo Instructor

Address.....

Phone.....E-mail.....

What is your gender? (please circle) Male / Female

What ethnicity do you **most identify with** (please circle one only): Maori / New Zealand European / Pacific Islander / Indian / Asian (please state)..... Other (please state).....

Member 3:

Surname..... First names..... D.O.B.....

Current grade ___ kyu ___ dan Dojo Instructor

Address.....

Phone.....E-mail.....

What is your gender? (please circle) Male / Female

What ethnicity do you **most identify with** (please circle one only): Maori / New Zealand European / Pacific Islander / Indian / Asian (please state)..... Other (please state).....

Member 4:

Surname..... First names..... D.O.B.....

Current grade ___ kyu ___ dan Dojo Instructor

Address.....

Phone.....E-mail.....

What is your gender? (please circle) Male / Female

What ethnicity do you **most identify with** (please circle one only): Maori / New Zealand European / Pacific Islander / Indian / Asian (please state)..... Other (please state).....

DECLARATION: I accept that the practice of Karate can involve the risk of serious injury and the declarations I have made are correct and to the best of my knowledge.

Signature Date..... (Parent / Guardian if applicant is under 18 years)