MEMBERSHIP RENEWAL FORM

MEMBERSHIP DETAILS

The completed form should be returned to The Martial Arts Centre, 11 Chilford Court, Rayne Road, Braintree, Essex, CM7 2QS. Please tick and complete your chosen method of payment.

MEMBERSHIP: £30.00 P.A.
First Name: Surname: Address: Postcode: Date Of Birth: Home Telephone: Email Address: Current Membership No.: Current Expiry Date:
Male: Female (Please tick)
Please tick age group; Tots Child Adult Adult
Please tick which disciplines you train in; Karate Self Defence Jiu Jitsu
Please tick where you train; Braintree Dunmow Halstead Marks Tey
DECLARATION TO BE COMLETED BY APPLICANT I certify that to the best of my knowledge and belief, the details above are correct and in the event of my being accepted I undertake to abide by the Constitution and Bye-Laws of The Martial Arts Centre, together with any amendments that may be made during my period of membership.
Signature: Date: (Parent/Guardian if under 16)
Please tick and complete your preferred payment method. PAYMENT TYPE ONE By Cheque made payable to 'The Martial Arts Centre'
PAYMENT TYPE TWO By cash / card
FITNESS DECLARATION & SAFETY AGREEMENT Please tick box if you have a learning or physical disability Details:
I declare to the best of my knowledge that I know of no reason why I should not participate in Karate, Kickboxing, Krav Maga or Jiu Jitsu. If there are any changes to this declaration I will advise you. I acknowledge that there are risks inherent in physical exercise. I agree to abide by the verbal or written instructions given to me by the instructor and will observe any written notices regarding safety whilst in the Dojo.
Signature: Date: (Parent/Guardian if under 16)
* For our data protection policy, please see our website: https://www.themartialartscentre.com/data-protection-policy
FOR OFFICE USE Fee Received Cheque Cash / Card
New Membership No. New Expiry Date
Added to Governing Body return sheet