



BRITISH TAEKWONDO CONTROL BOARD (WTF)

INDIVIDUAL MEMBERSHIP APPLICATION FORM (MAR 2011)

*All boxes must be completed in BLOCK CAPITALS.
Insurance is not granted if any box is left blank.*

MEMBERSHIP INFORMATION		
Membership status (Tick one)	New Member Application	
	Current Member Renewal	
	Expired: 1-3 months late	
	Expired: more than 3 months late	
BTCB Membership N°	M	
BTC Licence N°	A	
Expiry date		
<i>Tick if you have changed clubs since your last application.</i>		

PERSONAL INFORMATION			
Surname			
Forename(s)			
Address			
Address			
Town			
County			
Post Code			
Tel N° (home)		Tick here if ex-directory	
Tel N° (mobile/emergency)		<input type="checkbox"/>	
E Mail (Parent's if applicant under 18.)			
Occupation			
Date of birth	Day	Month	Year
Nationality			
Med Cond'n or Disability			
Status (Tick)	Instructor <input type="checkbox"/>	Student <input type="checkbox"/>	
Sex (Tick)	Male <input type="checkbox"/>	Female <input type="checkbox"/>	
Applicant's Grade			
Applicant's most recent grading dates & BTCB certificate numbers <i>(This section must be completed for all renewals of membership.)</i>	Date	BTCB Cert. N°	
Examiner's name			
Examiner's grade			

LICENCE AND GRADING RECORD BOOK

You must receive the licence Book within 6 weeks of application. The Licence fee includes insurance. Ask to see the Schedule of Insurance. If you wish to make a claim under the BTCB Accident and Public Liability Insurance Policy you must notify Membership Services in writing within 14 days of the accident occurring. *Failure to do so may result in claim rejection.*

KUP & DAN CERTIFICATES

Members are awarded a BTCB certificate when they have passed a Kup or Dan grading. No other certificate is permitted.

MEDICAL DISORDERS

Applicants who suffer from any medical disorder must attach to this form a letter from their doctor confirming that they are fit to practice Taekwondo. *Failure to do so may invalidate insurance cover.*

PERSONAL CONTACT

Applicants should be aware that from time to time it might be necessary for the Instructor to make physical contact with the applicant to adjust posture and that sparring and self defence might result in physical contact between members.

ACKNOWLEDGEMENT

I acknowledge that I have been informed of the potential risks of practicing Taekwondo. I apply for membership of the BTCB and agree to comply with the rules and regulations of the Board.

DATA PROTECTION POLICY

Your information will be used by the BTCB for BTCB membership administration and insurance purposes.

The BTCB may also share your information with other sporting bodies so that they may send you information about their products and services.

If you do not agree to being contacted in this way, please Tick in the box.

To be signed by the applicant if aged 18 or over, or by the applicant's parent or guardian if the applicant is under 18 years old.

To be completed by applicant/parent/guardian		
Signed		
Tick	Applicant <input type="checkbox"/>	Parent/Guardian <input type="checkbox"/>
Date		

To be completed by all clubs			
Instructor's Name	Peter Stewart		
Club Name	Lisburn		
Member Group	UTANI		
Club N°	Area N° (REGION)	Club N°	Branch
	NI	23	902
Signed			
Date			