

Aikido Tanren Juku - Member of Canadian Aikido Federation Membership Application

Updated October 2006

Please complete form, and return with payment. Make cheques for fees payable to Aikido Tanren Juku, for CAF Membership payable to Canadian Aikido Federation. Please print clearly and legibly.

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Name _____ <div style="display: flex; justify-content: space-around; width: 100%;"> Last First Middle </div>		
Birth Date _____ (m/d/y)		Start Date _____
Gender <input type="checkbox"/> Female <input type="checkbox"/> Male		
Age Group <input type="checkbox"/> Adult <input type="checkbox"/> Student (College/University) <input type="checkbox"/> Youth (Jr. & Sr. High) <input type="checkbox"/> Child (ECS & Elementary)		
Address _____ _____ City _____ Province _____ Postal Code _____		Phone Home _____ Business _____ Cell _____ Email(s) _____
Emergency Contact <input type="checkbox"/> As below Name _____ Relationship _____ Phone _____		Disabilities or Health Concerns _____ _____
If under the age of 18		
Mother _____ (or legal guardian)		Father _____ (or legal guardian)
Phone Home _____ Business _____ Cell _____		Phone Home _____ Business _____ Cell _____
Additional information: 		