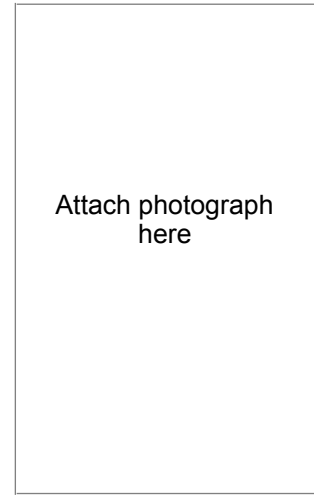




**MA'AT  
MARTIAL ARTS TEMPLE SYSTEM  
MEMBERSHIP APPLICATION FORM**



Attach photograph  
here

Imani Community Association  
3a Oxford Place, Victoria Park  
Manchester M14 5GS  
Tel: 0161 248 9520

**Please write the following information in BLOCK capitals**

SURNAME	FORENAMES
FULL ADDRESS	
	POST CODE
HOME TEL No.	WORK TEL No.
DATE OF BIRTH	AGE
E-MAIL ADDRESS	
OCCUPATION	
NEXT OF KIN & RELATIONSHIP AND CONTACT NUMBER:	

ARE YOU RENEWING YOUR MEMBERSHIP?

**PREV MEMBER No.:**

**EXPIRY DATE:**

DO YOU HAVE ANY ALLERGIES, ILLNESSES OR INJURIES?

If yes please specify: .....

HAVE YOU EVER BEEN CONVICTED OF A CRIME OF VIOLENCE?

If yes please specify: .....

IT IS IN THE INTEREST OF THE STUDENT THAT ANY AILMENT BE MADE KNOWN TO YOUR INSTRUCTOR. TRAINING CAN BE DEMANDING, IF YOU HAVE ANY DOUBTS ABOUT YOUR HEALTH PLEASE CONSULT YOUR DOCTOR BEFORE COMMENCING TRAINING.

I CERTIFY THAT THE PARTICULARS ARE CORRECT. I ACCEPT THAT TRAINING INVOLVES PHYSICAL CONTACT AND INVOLVES THE RISK OF INJURY OR DEATH. I AM PHYSICALLY AND MENTALLY FIT TO TAKE PART IN M.A.T. KUNG FU TRAINING.

SIGNATURE .....

PRINT NAME .....

**IF APPLICANT IS UNDER 16 A PARENT OR GUARDIAN MUST SIGN**

HOW DID YOU FIND OUT ABOUT M.A.T.? .....

TO BENEFIT THE MARTIAL ARTS TEMPLE AND ITS MEMBERS WE HAVE COMPILED A SKILLS REGISTER. ANY SKILLS YOU HAVE TO OFFER MAY BE USEFUL TO THE MEMBERS AND YOURSELF. YOUR INPUT MAY BE USEFUL TO THE MEMBERS AND YOURSELF. YOUR INPUT IS VERY WELCOME.

<b>To be completed by Instructor accepting membership</b>	
Instructor's Name:	Date:
Method of Payment: Cheque/Cash (delete as appropriate)	
Cheque number and account name:	
<i>Note: Ensure cheque has name and address on back</i>	