



ADDITIONAL CLUB DOJO AFFILIATION REGISTRATION

THIS FORM IS FOR CLUB AFFILIATION - ADDITIONAL DOJO'S. COMPLETE ADDITIONAL DOJO FORMS AS NECESSARY

Club Name	
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AFFILIATION APPLIED FOR - please tick appropriately

<p style="text-align: center;">ADDITIONAL DOJO AFFILIATION</p> <p style="text-align: center;">New <input type="checkbox"/> Renewal <input type="checkbox"/> ESP <input type="checkbox"/></p> <p>Additional Dojo Address _____</p> <p>_____</p> <p style="text-align: right;">Postcode _____</p> <p>Telephone _____</p> <p>Has this club been affiliated before? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p style="text-align: center;">ADDITIONAL DOJO AFFILIATION</p> <p style="text-align: center;">New <input type="checkbox"/> Renewal <input type="checkbox"/> ESP <input type="checkbox"/></p> <p>Additional Dojo Address _____</p> <p>_____</p> <p style="text-align: right;">Postcode _____</p> <p>Telephone _____</p> <p>Has this additional Dojo been affiliated before? Yes <input type="checkbox"/> No <input type="checkbox"/></p>
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DOES YOUR CLUB HAVE JUNIOR (under 16) MEMBERS?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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CHIEF INSTRUCTOR DETAILS - All sections must be completed

Name:				DAN:		Email Address:	
TEL:	(M)			(L)			
DBS	#			Issue date	(dd/mm/yyyy)		