

CLUB MEMBERSHIP INFORMATION



Personal Details

Name: D.O.B. Gender:
Address: Postcode:
Email: Mobile:

Club Details

Name:
Address (Main):
Website/Email: Tel. No:

Dan Grade Qualifications

To be accompanied by valid certificates and licence (*scanned copies accepted, but originals may be required at later date*)

1 st Dan Black Belt	Date:	Examiner:
2 nd Dan Black Belt	Date:	Examiner:
3 rd Dan Black Belt	Date:	Examiner:
4 th Dan Black Belt	Date:	Examiner:
5 th Dan Black Belt	Date:	Examiner:
6 th Dan Black Belt	Date:	Examiner:
7 th Dan Black Belt	Date:	Examiner:
8 th Dan Black Belt	Date:	Examiner:
9 th Dan Black Belt	Date:	Examiner:
10 th Dan Black Belt	Date:	Examiner:

How long have you been an Instructor? Years/Months (please delete as applicable)

Do you have a CRB Certificate? Yes – Please send proof/copy
No - Please request form

Do you have Instructor's Insurance? Yes – Please send proof/copy
No – Please request form

Do you have a First Aid Certificate? Yes – Please send proof/copy
No – Please apply for next available course

How many Instructors will be/are involved in your club?

How many students do you have?

Are your students licensed through WAKO? YES / NO

Martial Arts Style(s) Practised i.e. Kickboxing/Capoeira/Karate etc:

Rules & Regulations

I agree to abide by all WAKO Rules and Regulations.

Signed:

Date:

Please return your completed application form, along with all relevant documents to:

**WAKO GB
94 Ray Mill Road West
Maidenhead
Berks SL6 8SL**

Official Use Only

Date Accepted:

Date Refused:

Reason for Refusal: