

## GROUP AFFILIATION APPLICATION FORM

READ CAREFULLY & COMPLETE ALL QUESTIONS
PRINT CLEARLY IN BLOCK CAPITALS USING BLACK INK

Return your completed Group Affiliation application form with all the required supporting documentation to: shotokankarateunion@yahoo.com

Payment of Group Affiliation Fees Should be made after emailing your form.

Shotokan Karate Union payment screen

| PERSONAL DETA         | <u>AILS</u> |
|-----------------------|-------------|
| Position in the Group |             |
| First name(s)         |             |
| Surname               |             |
| Address               |             |
| Town or City          |             |
| County                |             |
| Postcode              |             |
| Country               |             |
| Telephone             |             |
| Mobile                |             |
| Email                 |             |
| Website               |             |
| O Male O Female       |             |
| Date of birth         |             |
| Occupation            |             |

| Groups Name                                |                                |  |
|--|--------------------------------|--|
|  | New Mei                        | mbers  |
| Groups Current Affilia                     | ated Organisation              | ons  |
| Who are they Affiliate                     | ed to                          |  |
| How long have you b                        | een affiliated to              | them .   |
| Will you be remaining your period of SKU A |                                | our current Organisation during  |
| O Tick here if your of Shotokan Karate-do  | •                              | OT exclusively practice  |
| What style of Karate                       | does your Grou                 | up practice  |
| Name of Groups Chie                        | ef Instructor                  |  |
| Grade of Groups Chi                        | ef Instructors                 |  |
| Name of Groups Adn                         | nin Officer                    |  |
| Admin Officers Email                       | Address                        |  |
| How many Licenced                          | Members has t                  | he Group   |
| How many students a                        | are: Under 16                  | Over 16 years old  |
| How many years has                         | the Group exis                 | sted   |
| O New member                               | £50.00 C                       | GBP  |
| Exis                                       | ting Memb                      | Ders (Renewal)   |
| SKU Group Affiliation                      |                                |  |
| •  |                                | ry Date/   |
|  |                                | pe renewed for one year and w  |
| run continuous from t                      | the previous exp               | piry date.   |
| O Renewal                                  | £50.00 GB                      | 3P   |
| SKU together with an                       | y amendments<br>he SKU reserve | stitution and the Rules of the sthat may be made during the res the right to refuse an filiation without notice. |

**Date** 

PLEASE NOTE (read carefully) Once your affiliation fees have been cleared we will return your Group Affiliation, please allow one week.

Payment of Group Afiliation Fees Shotokan Karate Union payment screen must be made after returning your form.

Please ensure this form is fully answered then return it by Email with any appropriate supporting documentation to: shotokankarateunion@yahoo.com