

## WAKF – APPLICATION FOR LICENCE

The Wado Aiwakai Karate-Do Federation Licence is a very important document which has several functions and provides certain benefits to the holder. These are as follows:

- A licence will only be issued to members of clubs affiliated to AIWAKAI.
- It provides personal insurance cover against injury and Third Party liability whilst practicing karate.
- It provides individual membership to AIWAKAI & the English Karate Federation (EKF) and with it all the benefits of AIWAKAI/EKF membership.
- It is mandatory for grading
- It is an official grading record.
- It is required for participation in all competitions.

Important:

- Make sure you enclose a fully completed application
- Enclose the full fee of £30
- Enclose a self-addressed and stamped envelope for ALL renewal slips & a Large

**1**<sup>st</sup> class stamp on the envelope if you require a new licence book

- Make cheques payable to WAKF
- ALL LICENCE APPLICATIONS SHOULD BE SENT TO THE AIWAKAI LICENCING OFFICER - KEVIN MACHIN, 12 ROWLANDS AVENUE, BENTLEY, WALSALL, WS2 0ET
- ANY LICENCING QUERIES PLEASE TELEPHONE: 07746 6782744
- (PLEASE DO NOT FORGET TO INCLUDE A SELF-ADDRESSED ENVELOPE AND STAMP)



## Please complete in Block Capitals

PART 1 - LICENCE DETAILS		
New Licence Book Required (Only send licence back if it needs replacing):		
YES NO (Licence slip only)		
Please issue me with a new annual AIWAKAI Licence.		

PART 2 - MEMBER DETAILS			
Students Full Name:		Date of Birth:	
		d d m m y y y y	
Address:	Post Code:	Sex: M F	
Home Phone Number:	Mobile Number: (Leave blank if under 18)		
e-mail Address: (Please provide an e-mail address so we can keep you up to date, we will not share this)			
Gradai	Data Da		
Grade:	Date Passed:		
	d d m	m y y y y	
PART 3 – CLUB DETAILS			
Name of Club:			
Chief Instructor:			

PART 4 –	MEMBER/PARENT SIGNATURE	
If the Student named above is under 18 th	nis section should be filled out by a parent :	
Name:		
Signature:	Date: d d m m y y y y	
Declaration:		
I certify that to the best of my knowledge and belief, the foregoing details are correct, and that in the event of being accepted I undertake to abide by the by-laws of Aiwakai. I understand that my contact details will be kept on file for the purposes of membership administration and insurance cover, and that my details will not be passed on to third parties.		
Do not write below this line – official use only.		
Officer signature:	Accepted: Declined:	
	Date Issued: d d m m y y y y	