



# British Traditional Karate Association

Founder members of the English Karate Governing Body

Chief Instructor:  
Sensei Chris Thompson (7<sup>th</sup> Dan)

All Applications Returned to:-  
Membership Registrar  
47 New Barns Avenue,  
Mitcham  
Surrey CR4 1LJ

**NO LICENCE!  
NO TRAINING!  
NO GRADING!  
NO COMPETITIONS!**

**ABSOLUTELY NO EXCEPTIONS!**

Please allow 21 days for  
processing of all applications

Remember to enclose (please tick)

- Existing Pink Slip
- Cheque for subscription payable "BTKA"
- One passport size photo of NEW applicant
- A5 SAE (75p) (New Members Only)
- 1<sup>st</sup> Class SAE (Existing Members)

## LICENCE SUBSCRIPTION

PLEASE COMPLETE FORM IN BLOCK CAPITALS

Name of Your Club	Name of Your Instructor
-------------------	-------------------------

PERSONAL DETAILS							
Mr/Mrs/Miss		Forenames		Surname			
Address							
	City		County		Postcode		
Occupation						Date of Birth	/ /
Tel No (Home)		Tel No (Work)		Tel No (Mobile)			

Have you ever been convicted of a criminal offence? Please tick appropriate box	Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'Yes' Please give details	

Have you ever suffered from any of these medical conditions?							
Heart Disease	Yes <input type="checkbox"/> No <input type="checkbox"/>	Blood Disorders	Yes <input type="checkbox"/> No <input type="checkbox"/>	Kidney Problems	Yes <input type="checkbox"/> No <input type="checkbox"/>	Liver Problems	Yes <input type="checkbox"/> No <input type="checkbox"/>
Breathing Problems	Yes <input type="checkbox"/> No <input type="checkbox"/>	Any Injuries	Yes <input type="checkbox"/> No <input type="checkbox"/>	Any other illnesses	Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you taking any medication?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If you have answered 'Yes' to any of the above, please give full details here							

Type of Subscription Required		New Member		Existing BTKA Members Only	
<input type="checkbox"/> £25	<input type="checkbox"/> £15	<input type="checkbox"/> £10	<input type="checkbox"/> £20	<input type="checkbox"/> £25	<input type="checkbox"/> £20
Declaration (Please Read)			Signature of Applicant		
By signing this application form you hereby agree			Date _____		
<ul style="list-style-type: none"> <li>That the information given is correct (false statements may result in membership and all entitlements being withdrawn)</li> <li>That you agree to abide by the rules &amp; constitution of the BTKA including any amendments made by the executive.</li> <li>To uphold the true spirit of karate-do, exercising restraint and respect for others whilst training and never using the skills you are taught except to a justifiable degree in defence of life.</li> </ul>			Signature of Parent/Guardian if applicant is under 16 years of age		
			Date _____		

OFFICIAL USE ONLY	Association No	EKGB No	Name of full paying Family Member	Instructors Signature