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WADO-RYU KARATE-DO ACADEMY APPLICATION FOR MEMBERSHIP

January 2026

NOTES

1. Individual membership is granted subject to the conditions laid down in the constitution and bye-laws of the Wado-Ryu Karate-Do Academy.
2. Individual membership runs until 31st December annually and must be renewed before the expiry date.
3. Only current individual members of the Academy will be permitted to grade or accumulate grading points.
4. Your individual membership is not transferable.
5. If the conduct of any individual member shall, in the opinion of the Chief Instructor, be injurious to the character and interests of the Academy, he shall be empowered to withdraw the membership of such individual member.
6. The Membership Passport remains the property of the Wado-Ryu Karate-Do Academy and may be withdrawn at anytime. It should not be tampered with or passed to any unauthorised person. Any case of loss or destruction should be immediately reported to the Academy.

HOW TO APPLY

To receive your Wado-Ryu Karate-Do Academy passport, fill in this application form and send to the address below together with:

1. **Payment:** **Cheque** made payable to **Wado-Ryu Karate-Do Academy** or
   Bacs payment to: Wado-Ryu Karate-Do Academy, Sort Code: 30-98-97, Account Number: 78489663
2. **Three recent passport sized, passport quality photographs on photographic paper** of yourself

Send to: **Wado Academy, PO Box 48, Torrington, North Devon, EX38 9AU**

Your passport will be valid within 14 days after the application date and will be sent to you by post. The Wado-Ryu Karate-Do Academy reserves the right to decline applications without giving a reason.

TO BE COMPLETED IN BLOCK CAPITALS

Type of membership applied for (Please tick box)

☐ Adult (16 years or age or over) £28 & £3 = **£31** *see below ☐ Child (up to 16th birthday) £20 & £3 = **£23** *see below

***£3 is the postage and packing charge to send your Wado Academy membership documents to you**

Surname …… Mr/Mrs/Miss/Ms

Forenames ……

Home Address …… ……

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Post Code…… email address ……

Date of Birth…… Telephone no ……

National Status…… Place of Birth ……

Occupation/Profession……. Date of starting karate ……

Club name and location…… Current Grade ……

Instructors Name ……

Present Assoc/Federation (if any) ……

Membership No…… Expiry Date ……

Please state any refereeing qualifications you have with dates……

Do you suffer with any of the following? If yes please tick.

☐ Epilepsy ☐ Heart Disorder ☐ Hemophilia

☐ Diabetes ☐ Respiratory Problems (eg. Asthma) ☐ Nervous Disorder

Others as specified ……

Height……M Weight……. Kg

Have you ever been convicted of a crime of violence? Yes/No …… Turn Over

YOUR KARATE HISTORY

TO BE COMPLETED BY ALL NEW APPLICANTS

Date of starting Karate (month and year) ……...

Name of Association ……...

GRADES AWARDED

GRADE	STYLE	DATE	ASSOCIATION

Please enclose copies of any Dan Grade Certificates

DECLARATION

I certify that to the best of my knowledge and belief the foregoing details are correct and in the event of being accepted I undertake to abide by the constitution and bye-laws of the Academy.

Signature …… Date ……

Signature of parent or guardian if applicant is below 18 years of age

Signature …… Date……

FOR OFFICIAL USE ONLY

FEE RECEIVED ……. DATE……. M'SHIP No ……

ISSUED ……... EXPIRY DATE ……...

Office Address: Wado Academy, PO Box 48, Torrington, North Devon, EX38 9AU
Email: info@wadoacademy.com