**KAICHOU KAI KARATE ASSOCIATION**

**ANNUAL LICENCE (MEMBERSHIP) RENEWAL**

* The association record book come FREE with the first application. If lost or damaged, replacement books can be purchased (see below)

|  |  |  |
| --- | --- | --- |
| Is this your first licence (membership) application? (Please circle answer) | YES | NO |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Membership Type | Cost | Tick | Amount Paid | Date Paid | | Previous Licence number | | Expiry date |
| SENIOR (aged 16 years & above | £40.00 |  |  |  | |  | |  |
| JUNIOR (under 16 years) | £35.00 |  |  |  | |  | |  |
| Replacement Record book | £5.00 |  |  |  | |  | | |
| Payment details: | Kaichou Kai Karate Association | | | | Sort Code: 30-14-24 | | Account Number: 00590333 | |

PLEASE PRINT DETAILS CLEARLY BELOW: -

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Students Name: | | | Gender: | | | |
| Date of birth: | Club or school: | | | | | |
| Email: | | | Instructor: | | | |
| Address: | | | | | | |
|  | | | Post Code: | | | |
| **Kaichou Kai Karate Association – General Data Protection Regulation (2018) please circle answer** | | | | | | |
| I HAVE READ, UNDERSTOOD & ACCEPT THE KAICHOU KAI DATA PROTECTION POLICY | | | | | YES | NO |
| I AGREE TO MY PERSONAL DETAILS AS STIPULATED TO BE HELD ON THE KAICHOU KAI DATABASE | | | | | YES | NO |
| I AGREE TO KAICHOU KAI CONTACTING ME BY PHONE, EMAIL, TEXT OR OTHER MESSAGING SERVICES | | | | | YES | NO |
| I AGREE TO KACIHOU KAI PUBLICISING MY NAME, PHOTOGRAPHS, VIDEOS ON SOCIAL MEDIA | | | | | YES | NO |
| I AGREE TO KAICHOU KAI PUBLICISING MY NAME, PHOTOGRAPHS, VIDEOS, ON THEIR WEBSITE [www.kaichoukaikarate.co.uk](http://www.kaichoukaikarate.co.uk/) | | | | | YES | NO |
| I HAVE READ AND FOUND THE KAICHOU KAI PRIVACY POLICY TO BE FAIR, UNDERSTANDABLE AND ACCPET THAT INFORMATION HELD WILL BE USED IN WHAT IS CONSTRUED TO BE A LEGAL MANNER | | | | | YES | NO |
| I AUTHORISE KAICHOU KAI TO HOLD MY PERSONAL DETAILS ON THEIR DATABASE FOR PURPOSES STIPULATED | | | | | YES | NO |
| PRINT NAME BELOW (parent/guardian if under 16 years) | | SIGN BELOW (parent/guardian if under 16 years) | | DATE BELOW: - | | |

**PLEASE CHECK THE FOLLOWING BEFORE SUBMITTING: -**

* **ALL INFORMATION REQUIRED HAS BEEN COMPLETED (incomplete forms cause delay in processing)**
* **ENSURE YOU HAVE SIGNED AND DATED THE FORM**
* **IF THIS IS A RENEWAL PLEASE ENCLOSE AN ‘A5’ SIZED SELF-ADDRESSED STAMPED ENVELOPE**
* **PLEASE DO NOT SEND YOUR RECORD BOOK WHEN RENEWING**
* **IF THIS IS YOUR FIRST LICENCE (MEMBERSHIP) OR A REPLACEMENT BOOK REQUEST, YOU MUST PUT A LARGE LETTER STAMP ON THE RETURN ENVELOPE**
* **ISSUE CANNOT BE COMPLETED UNTIL THE CORRECT POSTAGE IS RECEIVED AND MAY DELAY ANY GRADING**
* **PLEASE DO NOT SEND VIA ‘REGISTERED’, OR ‘SIGNED FOR’ OPTIONS POST**

For any queries please contact: [pamlebreuillykck@gmail.com](mailto:pamlebreuillykck@gmail.com)

**Please post the form and return envelope to: MRS P LE BREUILLY, PO BOX 4439, HORNCHURCH RM12 9FZ**