

Hapkido Brisbane

Korean Martial Arts Association of Brisbane

Student Number:

HB office use only www.hapkidobrisbane.com.au

Membership Application Form (Parent/Guardian to sign for under 18)

Tick	all that apply						
□ N	ew Member(s)				Single Mem	nbership	
□ Re	enewing Memb	per(s)			Family Men	•)
_	ver 18	Under 18			,		
		Applicant	's Details (first	Applicant)			
La	st Name:			Address:			
Giver	n Names:			Suburb:			
Date	e of Birth:			Postcode:			
	Age:		P	none Number:			
Occ	cupation:						
	Email:						
	Additional Fa	mily Member Det	ails	Student #	D.O.B.	Join	Date
ull Name:				Office use only		/	/
Full Name:				Office use only		/	/
ull Name:				Office use only		/	/
	Details of Mart o you suffer fro If So, Please E	om any illness/inju	ury, serious or	otherwise, tha	t may affect	your tra	nining?
Do	o you suffer fro	om any illness/injuxplain:	ury, serious or	otherwise, tha	t may affect		aining?
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