

Combined Annual Membership Form 2017/2018

You can join the National Association as an Independent Member or through your State Body. For insurance purposes, Membership is required before using a Japanese bow in a public place.

The Australian Kyudo Association:

- Provides Insurance cover for you
- Registers you with the All Nippon Kyūdō and International Kyūdō Federations
- Represents you on an International level
- Enables you to grade at an IKYF/ANKF Seminar
- Runs National seminars and subsidises State events
- Supports your State activities

Your State Kyudo Association:

- Supports your Club activities
- Runs State Kyūdō seminars
- Represents you on a National level

| ANKF | ID | (if | known) |
|------|----|-----|--------|
| | | | |

WAKA

| • Suppo | orts your State activities | | | | | |
|--|----------------------------|-----------------|--------------|------------------------------|----------------|---------------------|
| Title Family Name | | | First | Names | | |
| | | | | | | |
| Gender | Date of Birth | Hom | ie Telephon | Mobile Number | | per |
| | | | | | | |
| Street Add | reet Address Suburb | | | State | Postcode | |
| | | | | | | |
| Email add | Email address Cur | | Current k | (yudo Grade | Number | of years practicing |
| | | | | | | |
| Who is your dojo leader? Where | | Where do | o you train? | you train? Membership State? | | |
| Ramon Lawrence | | Budokan Academy | | W.A. | | |
| Important note. Signing this form is an acknowledgement of the obligations placed upon you to uphold the Constitution of the Australian Kyudo Association. It also requires you to notify your dojo instructors of any personal medical condition which might affect the health and safety of yourself or that of your fellow practitioners. The personal details contained herein will be kept by the Secretaries of the AKA and your State Associations and used only in pursuance of the AKA's stated aims. | | | | | | |
| Signed | Signed Date of Signature | | | | | |
| | | | | | | |
| Full Year | 's Fees (01/07/2017 - 30 | /06/2018) | | Part Year's Fee | s (01/01/201 | 8 - 30/06/2018)* |
| Australia | n Kyudo Association | \$50.00 | | Australian Kyud | do Association | n \$25.00 |
| State Kyu | udo Association** | \$50.00 | | State Kyudo As | sociation** | \$25.00 |
| TOTAL | | \$100.00 | | | TOTA | L \$50.00 |
| ** State Ass | ociation to complete | | | * If joining after Janu | ary 1st 2017 | |
| INFORMATION FOR STATE MEMBERSHIP OFFICER. The member will not be covered by insurance until this form is received by | | | | | | |

INFORMATION FOR STATE MEMBERSHIP OFFICER. The member will not be covered by insurance until this form is received by the AKA Secretary and the fee lodged with the AKA Treasurer. Please retain a copy of this form for your records.

| AKA Office Use Only | | Notes: | Make Payment in cash to WAKA Treasurer (Peter Carr) | | |
|------------------------|------|--------|---|--|--|
| Membership Database? | Y/N | | or Direct Deposit to | | |
| Wichibership Database: | 1/14 | | West Australia Kyudo Association Inc. | | |
| EFT Lodged? | Y/N | | BSB:036-082 Account number: 451685 | | |