



British Aikido Association

c/o 3 Hudson road, Bexleyheath, Kent. DA7 4PQ
Tel: 020 8304 8430 Em: baa@aikido.dircon.co.uk

Application for club membership

(Fees applicable from 1 March 2008)

Club leader, please complete both sides of this form in BLOCK CAPITALS and return with remittance to the General Secretary of the BAA at the address above. Please make cheques payable to the "British Aikido Association".

Club membership fee for twelve months: £25.00

Total enclosed: £

Name of club:		Practice times and level (currently) i.e. adults/juniors
Principal Dojo venue: Full address (including post code)		
Dojo tel. no. (if applicable):		

Note: If you use other venues, please add overleaf

New application (for one year probationary period)

I agree to enrol a minimum of 5 members and, over the first year of probationary membership, to achieve a BAB coaching award at a minimum of Level 1. I understand that otherwise I may be refused subsequent membership renewal.

Renewal application

Please tick box as appropriate

Club leader name:		Full postal address (including post code):
Telephone:		
Mobile:		
Email:		
BAA Aikido grade:	Date awarded:	BAA membership No.:
BAB Coach award Level:	Date awarded:	
Professional Indemnity (PI) insurance cover If not arranged via the BAA please show:	Provider:	<i>If arranged via the BAA, please tick box</i> <input type="checkbox"/> Expiry date:
First aid qualification (not obligatory)	Provider/type:	Date awarded:

I agree to abide by the Constitution, Bye-laws and working procedures of the British Aikido Association and to ensure that all club members are BAA members and likewise abide.

I understand that the club coaches are not required to hold a first aid qualification. However, I am required to ensure that suitable first aid cover is available during sessions under my responsibilities of 'duty of care'.

I confirm that to the best of my knowledge there are no known incidents or circumstances that might give rise to any jeopardy to the British Aikido Association or its members should my application be accepted.

Signed: _____ (Club Leader) **Date:** _____

Please note: Mailings of club members' BAA membership documentation and information from the Association will be sent to the club leader shown above unless a club secretary has been nominated for this purpose. If information is to be sent to the club secretary please show details overleaf.

Please send membership documentation to: Club leader, as above Club secretary, details overleaf

Please send general information to: Club leader, as above Club secretary, details overleaf By email or By post

Please tick box as appropriate. If no boxes are ticked, the club leader will be taken as the default addressee.

Data Protection Act

It is a requirement of the Data Protection Act 1998 that persons give their written authorisation to have their details recorded. By signing this application form, you are giving permission for your personal details to be recorded in the databases of both the British Aikido Association and the British Aikido Board. These databases are not distributed to any other third party and are not used for non-Aikido related functions. Failure to sign the application will mean you cannot be a member of the British Aikido Association.

Please turn over



Application for club membership - continued

Club name:

Club leader:

Alternate Dojo venue/s: Full address (including post code)	
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Practice times and level (currently) i.e. adults/juniors

Club secretary	Full address (including post code):
Name:	
Telephone No.:	
Email:	
Signature (please note that by signing this form you are authorising the BAA to include your details in its database):	

Details for publication on the world-wide web	
As part of its service to its members, each club will have its general details published on the BAA web site. These details will include the Dojo location, practice times and the names of the instructors shown on this application together with their BAA Aikido grades.	
In addition, in an endeavour to help increase enquiries to clubs, the BAA would like to include a contact name and contact details of the person to whom external enquiries should be directed. The person named as the contact must sign agreement that they are prepared for this information to be available in the BAA's database, on the BAA web site and therefore viewable outside the EU, and may be used by the BAA in publicity matters. If the following section is not completed, information will not be obtained from any other source.	
Contact name:	Full address (including post code):
Tel. No/s.:	
Email:	
Signature of contact:	Date:
<p>Please note: This data will remain on the database and web pages until:</p> <ul style="list-style-type: none"> - it is superseded by another form, or - the BAA Data Protection Officer requests its removal, or - the contact person named above requests its removal, formally in writing, directly to the General Secretary of the BAA. 	

If the club has its own web site, the BAA will provide a link to it.

Club web page URL: http://

If the club has a logo please forward a copy by email to: baa@aikido.dircon.co.uk. Best endeavours will be made to incorporate the logo on the club's page on the BAA web site.



Application for club membership – appendix

This sheet to be used if required for additional club instructors

Club name:

Club leader:

Please supply details of all additional club instructors. (Please continue on another sheet if necessary.)

Name:	Full postal address (including post code):	
Telephone:		
Mobile:		
Email:		
BAA Aikido grade:	Date awarded:	BAA membership No.:
BAB Coach award Level:	Date awarded:	
Professional Indemnity (PI) insurance cover If not arranged via the BAA please show:	Provider:	<i>If arranged via the BAA, please tick box</i> <input type="checkbox"/> Expiry date:
First aid qualification (not obligatory)	Provider/type:	Date awarded:

Name:	Full postal address (including post code):	
Telephone:		
Mobile:		
Email:		
BAA Aikido grade:	Date awarded:	BAA membership No.:
BAB Coach award Level:	Date awarded:	
Professional Indemnity (PI) insurance cover If not arranged via the BAA please show:	Provider:	<i>If arranged via the BAA, please tick box</i> <input type="checkbox"/> Expiry date:
First aid qualification (not obligatory)	Provider/type:	Date awarded:

Name:	Full postal address (including post code):	
Telephone:		
Mobile:		
Email:		
BAA Aikido grade:	Date awarded:	BAA membership No.:
BAB Coach award Level:	Date awarded:	
Professional Indemnity (PI) insurance cover If not arranged via the BAA please show:	Provider:	<i>If arranged via the BAA, please tick box</i> <input type="checkbox"/> Expiry date:
First aid qualification (not obligatory)	Provider/type:	Date awarded: