

HAGAKURE DOJO MEMBERSHIP FORM 2018

FAMILY NAME	
GIVEN NAME(S)	
GENDER	MALE/FEMALE/OTHER
DATE OF BIRTH	
ADDRESS	
POST CODE	
TELEPHONE No. (MOBILE PREFERRED)	
EMAIL ADDRESS	
PERMISSION TO CONTACT YOU ABOUT DOJO MATTERS VIA THE CONTACT DETAILS PROVIDED?	YES/NO (DELETE AS APPLICABLE)
CURRENT BKA MEMBER?	YES/NO (DELETE AS APPLICABLE)
BKA NUMBER	

Data Protection Act 1998:

Hagakure Shonen Dojo keeps the information provided on this form in an electronic database. This information is used only for the purposes of administering Hagakure Dojo and the functions provided to members by Hagakure Dojo. This information will not be provided to a third party for any purpose other than that necessary for Hagakure Dojo membership purposes.