

# Northern Ireland Judo Federation Membership Form



PLEASE COMPLETE FORM IN BLOCK CAPITALS

**Club Name\***

**Personal Details\***

**First Name:\***

**Surname\***

**D.O.B.\* (dd/mm/yy)**  **Gender:\*** Male   
Female

**Address\* Line 1**

**Line 2**

**Town/City\***  **Postcode:\***

**Telephone\***

**Email Address\***

**Membership Type\*** (Introductory and Volunteer memberships are not valid for Grading or Competitions)

<b>Intro Junior - £7</b> (Valid for 3 months)	<input type="checkbox"/>	<b>Senior -£35</b> (Valid for 1 year)	<input type="checkbox"/>	<b>Volunteer</b> Free (Valid for 1 year)	<input type="checkbox"/>	<b>Role</b> <input type="text"/>
<b>Intro Senior - £10</b> (Valid for 3 months)	<input type="checkbox"/>	<b>Junior (Two under 8) - £27</b> (Valid for 1 year)			<input type="checkbox"/>	
<b>Junior (under 8) - £15</b> (Valid for 1 year)	<input type="checkbox"/>	<b>Junior (One under 8, One 8-17) - £36</b> (Valid for 1 year)			<input type="checkbox"/>	
<b>Junior (8-17) - £24</b> (Valid for 1 year)	<input type="checkbox"/>	<b>Junior (two 8-17) - £45</b> (Valid for 1 year)			<input type="checkbox"/>	

**Additional Name\* (if applicable)**

**Gender:\*** Male   
Female  **D.O.B.\* (dd/mm/yy)**

**Equality Questionnaire:**

Do you consider yourself/your child to have a disability?  
Yes  No

If yes, please state the nature of your/your child's disability

Physical Disability <input type="checkbox"/>	Sensory Impairment Blind/Visually Impaired	<input type="checkbox"/>
Learning Disability <input type="checkbox"/>	Sensory Impairment Deaf/Hearing Impaired	<input type="checkbox"/>

**We may contact you with information about your membership or NIJF events.**  
If you agree to be contacted please tick the box

**Declaration:**

I agree to abide by the Constitution and Byelaws of the Northern Ireland Judo Federation and with any amendments made during my membership.  
I understand that my personal details will be stored on the Northern Ireland Judo Federation computer database, will be available to my club administrator and used to mail information related to my membership and NIJF events.

\*Signed: \_\_\_\_\_ \*Date: \_\_\_\_\_

(To be signed by Parent/Guardian if Applicant is under 18)

**All areas marked with an \* MUST be completed**

If Membership Card or Record Book are lost please contact NIJF Office for replacement - Card £1.50, Book £2.00

**Please complete form and return with cheque/postal order for appropriate fee to:**

**N I Judo Federation, House of Sport, Upper Malone Road, Belfast, BT9 5LA.**

Cheques made payable to N I Judo Federation