Malta Judo Federation & A.D

P.O. Box 357, Valletta Tel: 21310463

Membership Application Form

Insert Picture

| Full Name | * | Member ID: | |

| Address | * |
| | * | Post Code | * |

| Birth Date | * | Sex | * |

| ID Card | * | Home Tel: | * | Mob No | * |

| E-Mail | * |

| Guardian's Name | Under 18 | Tel Number | |

| Guardian's Name | Under 18 | Tel Number | |

| Emergency Contact Person: | | Contact No: | * |

Judo ☐ Jujitsu ☐ Kendo ☐ Aikido ☐ Other _____

Club	*
Grade	*
Club Leader Signature	

Declaration to be completed by applicant

I certify that to the best of my knowledge and belief, the information given in this application is correct. If accepted as a licence holder of the Malta Judo Federation and A.D, I agree to abide by the Articles of Association and Bye-Laws together with any amendments made during the term of my licence and to comply with doping control procedures

It is a criterion that all clubs, regions and affiliated bodies require staff, coaches, officials, administrators, parents and participants to adopt and abide by the Malta Judo Federation & A.D's Child Protection Policy and Procedures. The document is published on the MJF web site. Hard copies can be obtained from MJF Head Office.

Enclose payment with completed application form and forward to the Malta Judo Federation and A.D, P.O Box 357 Valletta or mjf@ultramarmalta.com. Cheques and postal orders payable to Malta Judo Federation.

The MJF is registered under the terms of the Data Protection Act and wishes to include the information you have provided on

this application in the MJF Database for the purpose of administration and maintenance of the membership records, provision and administration of activities, support and fund raising. Please complete the following section to indicate your consent to this process.

€ 30.00 for 1 Year Membership ☐

Signature _____ Date _____

Official use only.

Membership No: _____ Receipt No: _____ Membership Card ☐

Official Received (Signature) _____ Date _____