



Membership Application

(All Fields Required Must Be Filled)

Please write legibly



First Name:		STUDENT NUMBER OR DL:	
Last Name:		DOB:	Age:
Previous Experience:			
Major:		Year:	
Mailing Address:			
City:	State:	Zip:	
Phone:		Email:	
Emergency Contact Information (All Fields Required)			
Name:			
Contact Number:		Relationship:	
Miscellaneous Information (Optional)			
Why are you interested in Aikido?			
How did you hear about the club?			
DISCLAIMER (Read Carefully, All Fields Required)			
Please note that the Seminole Aikikai Club does not take responsibility for your personal injuries and /or theft or damages of your personal belongings during meetings or practices. I have read and understand the disclaimer written above. I am submitting this application to the Seminole Aikikai Club with the understanding that I will not be allowed to attend practices after third week without having paid all club dues. (Dues are \$25/semester)			
Signature:		Date:	
(*Please do not write in this space*) Seminole Aikikai Club Officers use: Membership Paid: Y N			