



S. I. M. T. A. MEMBERSHIP NEW



OFFICIAL USE ONLY _____	CLUB INSTRUCTORS USE ONLY NAME OF SCHOOL OR AREA _____	DATE OF EXPIERY _____
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NAME.....

DATE OF BIRTH.....

HOME ADDRESS.....

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TELEPHONE NO.....

OCCUPATION.....

EMPLOYERS ADDRESS.....

.....

WORKS TELEPHONE NO.....

GRADE ATTAINED.....

GENERAL SELF DEFENCE

INSTRUCTOR

FULL CONTACT COMPETITION

LIGHT CONTACT COMPETITION

Your intentions for training
Please Tick Appropriate Box

HAVE YOU SUFFERED ANY SERIOUS ILLNESS YES / NO

PLEASE CLARIFY IN CONFIDENCE.....

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SIGNATURE OF STUDENT.....

SIGNATURE OF PARENT (IF STUDENT IS UNDER 16).....

SIGNATURE OF INSTRUCTOR.....

DATE.....

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