

# Australian Kyudo Association

Annual Membership Renewal Form 2018/2019

\* Required

1. Email address \*

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2. Password \*

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## Australian Kyudo Association

Annual Membership Renewal Form 2018/2019

**You must join the National Association through the association of the state in which you reside. For insurance purposes, membership is required before using a Japanese bow in a public place.**

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### The Australian Kyudo Association:

- Provides insurance cover for you
- Registers you with the All Nippon and International Kyudo Federations
- Represents you at an international level
- Enables you to attend and grade at an IKYF/ANKF Seminar
- Runs national seminars and subsidises selected state events
- Supports your state activities

### Your state Kyudo Association:

- Supports your club activities
- Runs state Kyudo seminars
- Represents you on a national level

3. ANKF ID (if known)

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4. Family Name \*

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5. Given name(s) \*

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**6. Preferred spelling of name in Japanese (if known)**

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**7. Gender \***

Mark only one oval.

- Female
- Male
- Prefer not to say
- Other: \_\_\_\_\_

**8. Date of Birth \***

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Example: December 15, 2012

**9. Telephone (preferably mobile) \***

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**10. Street Address \***

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**11. Who is your current Kyudo instructor? \***

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**12. Current Kyudo grade \***

Mark only one oval.

- Not graded
- kyu grade
- 1dan
- 2dan
- 3dan
- 4dan
- Other: \_\_\_\_\_

**13. Number of years practicing**

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**14. Membership club**

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**15. Membership state \***

Mark only one oval.

- QLD
- NSW
- VIC
- SA
- WA
- ACT

**16. Emergency contact details**

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**17. Application for membership will be accepted upon both submission of this form and payment of membership fee received by your State Body \***

Mark only one oval.

- I agree

**18. Submitting this form is an acknowledgement of the obligations placed upon you to uphold the Constitution of the Australian Kyudo Association (available on [www.kyudoaustralia.org](http://www.kyudoaustralia.org)). It also requires you to notify your dojo instructors of any personal medical condition which might affect the health and safety of yourself or that of your fellow practitioners. The personal details contained herein will be kept by the Secretaries of the AKA and your State Body and be used only in pursuance of the AKA's stated aims. \***

Mark only one oval.

- I agree

**19. Please type your name here to submit an electronic signature and verify this form is completed accurately and sincerely to the best of your ability.**

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