

# **ISKA CLUB MEMBERSHIP**

## **KICKBOXING DIVISION**

### **ANNUAL MEMBERSHIP FEE \$50**

**Membership is 12 month period from 1<sup>st</sup> February each year.**

**Name of Head Instructor:** \_\_\_\_\_

**Name of School:** \_\_\_\_\_

**Style Practiced:** \_\_\_\_\_

**Address for Correspondence:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Mobile:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Training Address:** \_\_\_\_\_

**Number of students:** \_\_\_\_\_

We the undersigned hereby acknowledge acceptance of the conditions and rules which apply to membership under the ISKA rules.

Date of Application: \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

#### **Payment Method:**

1. Cash, Cheque or Money order made payable to ISKA Australia.  
PO box 217, Boolaroo, NSW 2284  
Email: rob@iska.com.au  
Fax: 02 49 508 474

#### **OFFICE USE ONLY**

Club Membership NUMBER