Effective 01/04/2024 v0.21

BRITISH TRADITIONAL KARATE ASSOCIATION LICENCE APPLICATION

First Name(s)		
Last Name		
Date of Birth	DateMonth	Yea
Club Name		

	Instructor						
Full Postal Address (including Town and County)							
Postcode	Mobile						
Email address							
Gender							
Occupation			School	College			
Medical Status	Have you been advised by	/ a Doctor NO	T to participate	e in any karate activit	ies at all?		
Yes (please give reasons	s)				No		
Licence Application Fees	If licence 3 months ie £35 – price include		•				
New: £35 Annual Renewal £25 Late renewal £30 3 months + out of date: £35							
Passport sized photo (name on reverse) if possible			Price of licence includes postage				
Signature of Applicant			Date				
Signature of Parent / Guardian if under 16			Date				
Signature of Instructor			Date				

Official Use:	Membership Registrar	thompsona96@gmail.com		
60 Longacres Way, Chichester	r, West Sussex PO20 2EJ	Cash Received	Banked	Date
EKF No:		Valid from	Expiry Date	
BTKA Membership No:		Valid from	Expiry Date	