



Application For Associate Membership

Date: ____/____/____

Family Name: _____

First Name: _____

Street Address: _____

Town/City _____

State _____ Post Code: _____

Telephone _____ Mobile _____

Email _____

Date of Birth ____/____/____ Gender _____

Name of Judo School you regularly train at: _____

What is your rank? _____

What organisation issued the above qualification? _____

Do you have a current Working with Children Clearance? Yes/No
If "Yes" Please provide copy of Working With Children Card/Number

Do you have a current Provide First Aid Certificate HLTAID003 Yes/No

If "Yes" Please provide copy of certificate.

Are you currently a member of any of the following judo associations?

Judo Australia Yes/No

Australian Kodokan Judo Assoc? Yes/No

International Budo Federation? Yes/No

Other (Please name) _____

Do you train or are involved in any other martial art? Yes/No

If "yes", please provide details

Are you a permanent resident of Australia? Yes/No

Do you have any medical condition which may impair your ability to do judo? Yes/No

Please advise any condition you may have which may affect your performance to practice judo?

Declaration by Applicant

I certify that all the information provided on this form is true and accurate. Yes/No

I understand that the AJU Board may require further information from me to assist them assess this application and I agree to provide that information.

Yes/No

I understand and agree to that the AJU Board may take action to confirm the information that I have provided and may also undertake a background check to confirm the suitability of my character.

Yes/No

I understand that by submitting this application that approval for membership is not automatic and that I have no right of appeal if this application is not successful.

Yes/No

I understand and agree that the AJU Board may approve this application for membership subject to any terms and conditions that it may see fit to apply.

Yes/No

I understand that if this application is successful I will be notified and an invoice for membership fees will issued to me and will be due for payment within 7 days of being issued.

Yes/No

I understand that if the invoice for membership fees is not paid within 7 days then this application will lapse and a new application may be required.

Yes/No

Upon the approval of this application I agree to abide by the rules and polices of the Australian Judo Union Inc.

Yes/No

Signed _____ Date ____/____/____

Name of Applicant _____

Application must be nominated by a Senior Member of the Australian Judo Union.

Nominated by: _____ Date _____
(signature)

Name of Nomintor: _____

Upon approval of this application an invoice will be emailed to the organisation for payment within 7days.

Please scan and email a copy of this completed form to admin@australianjudounion.com

Please email this application form and if applicable, together with the Application for Registered Organisation Membership to admin@australianjudounion.com.

Upon approval of this application an invoice will be emailed to you for payment within 7 days