

I certify that to the best of my knowledge and belief the information given in this application is correct. If accepted as a member of the British Judo Association, I agree to abide by the Articles of the Association and Byelaws together with any amendments made during the term of my membership and to comply with doping control procedures. Breaches of the Judo Code and other relevant codes of conduct/ethics will result in disciplinary action being taken under the BJA Complaints & Conduct Procedures. The British Judo Association is registered under the terms of the Data Protection Act and wishes to include the information you have provided on this application on the BJA database for the purpose of administration and maintenance of membership records, provision and administration of activities, support and fund raising. Please sign under the signature column to indicate your consent to this process.

Club Name						Club Number				
	Surname	First Name	Date of Birth	Gender (M/F)	Address	Contact details – email and or phone number	Gi size (cm)	Ethnic Group – see below	Nature of disability (leave blank if n/a) – see below	Signature for declaration - I consent for the information on this application form being included on the BJA database (must be over 18 years old)
1										
2										
3										
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7										

Ethnicity

White	A1. British	A2. Irish	A3. White: Gypsy or Irish Traveller	A4. Any other (write in)
Mixed or Mixed British	B1. White & Black Caribbean	B2. White & Black African	B3. White & Asian	B4. Any other mixed (write in)
Asian or Asian British	C1. Indian	C2. Pakistani	C3. Bangladeshi	C4 - Chinese C5. Any other (write in)
Black or Black British	D1. Caribbean	D2. African	D3. Any other Black group (please state)	

Disability

Deafness or partial hearing loss	Blindness or partial sight loss	Learning disability
Learning difficulty	Developmental disorder	Mental health condition
Physical disability	Long term illness, disease or condition	Other (please specify)

Credit Details (Alternatively you can attach a cheque or postal order)			
Credit/Debit Card Number			
Issue Date (if available)		Card Expiry Date	
CVC (security) Number		Card Holder Name	
Signed		Date	

Insurance is only valid for members attending BJA recognised clubs and events