

CFK KENDO CLUB MEMBER INFORMATION FORM

General Information (All Fields Required)		
First Name:	PID:	
Last Name:	DOB:	Age:
Previous Experience:		
Major:	Year:	
Mailing Address:		
City:	State:	Zip:
Phone:		
E-mail:		
Emergency Contact Information (All Fields Required)		
Name:		
Contact Number:	Relationship:	
Miscellaneous Information (Optional)		
Why are you interested in Kendo?		
How did you hear about the club?		
<p>DISCLAIMER: Please note that the Central Florida Kendobu Club does not take responsibility for injuries and /or damages to personal belongings during meetings or practices.</p> <p>I have read and understand the disclaimer written above. I am submitting this application to the Central Florida Kendobu Club with the understanding that I will not be allowed to attend practices after third week without having paid all club dues. (Dues are \$15/semester)</p>		
Signature:	Date:	
(*Please do not write in this space*) Kendo Club Officers use: Membership Paid: Y N		