

INTERNATIONAL BUDO FEDERATION AUSTRALIA

Individual Membership Application

Name:			
Address:			
City:		State:	
Post Code:		DOB:	
Phone:		Mobile:	
Email:		Fax:	

MARTIAL ARTS EXPERIENCE

Style:			
Sensei:			
Rank:		Where:	
How Long?		Date Obtained:	
Contact Details:			

EMERGENCY CONTACT

Name:			
Address:			
City:		State:	
Relationship:		Post Code:	
Phone:		Mobile:	

PREVIOUS OR CURRENT INJURIES

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WORK CONTACT DETAILS

Phone:		State:	
City:		Post Code:	
Email:		Fax:	

REFERENCES

Name:	Address:	Phone:

OTHER RELEVANT INFORMATION

Signature of Applicant:	Date:
Print Name:	Date:

Membership is \$35 renewable annually on 1st of March.

The IBF Australia reserves the right to not accept an application or future renewals without reason.

**Return to your state Representative or
Postal: IBF Australia, P.O. Box 286, Surrey Downs, SA, 5127
Contact: E-mail: internationalbudo@gmail.com Mb. 0409800515**

Banking EFT: International Budo Federation Australia BSB: 105-192 Acc. 040638740