

GUEST REGISTRATION FORM

Dojo:

SSAA Guest

Name:

Address:

Telephone:

Postcode:

Email:

Occupation:

Date of Birth:

I have read and understood the Association Guidelines.
Signature below to confirm:

For the purposes of the Data Protection Act 2018. The data used by the association is used to maintain the membership database and send information to members about gradings and courses they can attend. I confirm that the Association can use and retain my data.

Signed:

Dated: