



# 英国和道連盟



## Member Registration/Insurance Returns Form

|                  |  |
|------------------|--|
| Association Name |  |
| Return Month     |  |

|    | Full Name | Club/Location | Licence Number |
|----|-----------|---------------|----------------|
| 1  |           |               |                |
| 2  |           |               |                |
| 3  |           |               |                |
| 4  |           |               |                |
| 5  |           |               |                |
| 6  |           |               |                |
| 7  |           |               |                |
| 8  |           |               |                |
| 9  |           |               |                |
| 10 |           |               |                |
| 11 |           |               |                |
| 12 |           |               |                |
| 13 |           |               |                |
| 14 |           |               |                |
| 15 |           |               |                |
| 16 |           |               |                |
| 17 |           |               |                |
| 18 |           |               |                |
| 19 |           |               |                |
| 20 |           |               |                |
| 21 |           |               |                |
| 22 |           |               |                |
| 25 |           |               |                |
| 26 |           |               |                |
| 27 |           |               |                |
| 28 |           |               |                |
| 29 |           |               |                |
| 30 |           |               |                |

|       |   |
|-------|---|
| Total | £ |
|-------|---|

Please return details of licences issued before the end of each month. Cheques made payable to '**Alliance of International Wadoryu**'.

**Insurance Premium @£5 per member/student.** When complete, please return to: Paul D Elliott 6th Dan. 54, Billingshurst Road, Broadbridge Heath, Horsham, West Sussex. RH12 3LW.

If paying by BACS: Name : AIWa. Account: 33194728. Sort code : 20-42-58  
Send proof of payment and Returns Form to: [semka@btinternet.com](mailto:semka@btinternet.com)