



# MEMBERSHIP DOCUMENT

## For Self Defense

FIRST NAME \_\_\_\_\_ SURNAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

\_\_\_\_\_

CELL \_\_\_\_\_ EMAIL \_\_\_\_\_

TEL (H) \_\_\_\_\_ (W) \_\_\_\_\_

COMPANY \_\_\_\_\_ OCCUPATION \_\_\_\_\_

PHYSICAL IMPAIRMENT: \_\_\_\_\_

\_\_\_\_\_

Previous Martial Arts or other sports: \_\_\_\_\_

\_\_\_\_\_

1. The fees are settled by the first lesson of the course.
2. The member warrants that he/she is physically fit to participate in the normal activities of the Self Defense course and that Leo Ming shall in no way be responsible for any injuries, accidents, damage of property or loss.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Payments to:** L. Ming Mings Martial Arts Academy of S.A

Standard Bank, Melville Branch. ACC NO 401034747.

Please use "self-d-" & full name as reference when making payments

**LEO MING 0833780468**

*42 years martial arts experience. 5th dan kobujustu. 3rd dan goju kai.*