

THE 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:

Return to your state Rep. or post with the \$50 membership fee:
President IBF Australia, P.O.Box 1403, Bowral, NSW, 2576
 Ph. (02)4862 2712 Mb. 0408 297 531 Fax. (02) 4862 2169
 E-mail: terryr@exemail.com.au