

EIKOKU ROSHU KAI

Classical Japanese Swordsmanship of Muso Jikiden Eishin Ryu



NEW MEMBER / RENEWAL APPLICATION 2011

Surname	First Name
Address	
Postcode	tel tel
Date of Birth	
Existing Eikok	u Roshu Kai membership number (renewals only)
Present grade	in Muso Jikiden Eishin Ryu Iaido (if applicable)
Dojo Name and	d Location
All NEW mem	bership applications must include a passport photograph for licence
Fee enclosed (c	circle as applicable)
Annua	1 £30, July to Dec £15.00, Oct to Dec £7.50
	re annual and due by the end of January ble to Eikoku Roshu Kai
Roshu Kai . I i	this membership/renewal I accept to abide by the constitution and safety policy* of Eikoku understand that training in martial disciplines carries a risk of injury and do not suffer from blem which could be adversely affected by my participation.
Signed	Date
Return to Mem	pership Secretary: Colin Wood 4 Parkways Grove, Oulton, Leeds LS26 8TP Tel. 0113 2825507 colinp.wood@tiscali.co.uk