



Licence Application Form



Full Name: _____

Address: _____

_____ **Post Code:** _____

D.O.B: _____ **Grade:** _____ **Tel:** _____

PLEASE TICK AS REQUIRED.

New Member: **Renewal:**

Expiry Date of Previous Licence: _____ **Licence No:** _____

(Please hand in your licence book if this application is a renewal)

Signed: _____ **Date:** _____

LICENCE FEE: £30.00

RENEWAL: £25.00

Please make cheques payable to 'Southern England Karate Federation' (SEKF)