



# Malta Karate Federation

## Annual Registration Form

### 2018

First Name(s): \_\_\_\_\_ Surname: \_\_\_\_\_

Licence Book No: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: M  F

Address: \_\_\_\_\_

Tel. No: \_\_\_\_\_ Mob. No: \_\_\_\_\_

Current Karate Grade: \_\_\_\_\_ Club: \_\_\_\_\_

email: \_\_\_\_\_

**Other contacts (if applicable):**

Name: \_\_\_\_\_ Mob. No: \_\_\_\_\_

email: \_\_\_\_\_

Name: \_\_\_\_\_ Mob. No: \_\_\_\_\_

email: \_\_\_\_\_

*The personal information provided in this application form shall be processed in accordance with the provisions of the Data Protection Act (Cap. 440 of the Laws of Malta) and solely processed for the purpose of membership within the MKF. Your personal information will not be disclosed to third parties without your express consent unless this will be strictly required by law.*

