

TRI-FORCE トライフォース Member Number _____

● Membership Application 入会申込書 ● Date 入会日 200 年 月 日

ふりがな:

名前:
NAME:

性別: 男・女
SEX: MALE・FEMALE

住所:
ADDRESS:

顔写真 Picture

電話番号:
TEL:

職業:
OCCUPATION:

携帯電話:
CELLPHONE

緊急連絡先:
EMERGENCY CONTACT

生年月日:
DATE OF BIRTH:

19 年 月 日生 (歳)
AGE: BLOODTYPE:

格闘技歴及び段位:
MARTIAL ARTS EXPERIENCE:

メールアドレス:
E-MAIL ADDRESS:

Height 身長 CM Weight 体重 KG

Membership Purpose: Professional, Self Defense, Diet, Health maintenance, Other ()

● Member Contract 会員契約書 ●

Article 1	This contract is between Tri-Force Member (referred to as Member below) and Tri-Force and President Mitsuyoshi Hayakawa (referred to as Tri-Force below).
Article 2	Member will observe the membership rules. Tri-Force reserves the right to revise the membership rules at any time.
Article 3	After completing Tri-Force registration procedures, applicant will become a Member.
Article 4	Member will pay application fee upon when applying. Application fee is non-refundable.
Article 5	Member will pay monthly membership fee
Article 6	Member's membership will be revoked if any of the following are done: 1. Member does not follow membership rules. 2. Member besmirches the Tri-Force name. 3. When Tri-Force judges that the member is not suitable. 4. Member causes havoc or disruption in the vicinity of the Tri-Force building. 5. Member does not pay monthly membership fee for more than three months.
Article 7	Member will respect Tri-Force property and not intentionally damage Tri-Force property. If Member willfully damages Tri-Force property Member will compensate Tri-Force for the damages.
Article 8	Member agrees not to hold Tri-Force responsible for any injuries or accidents that may occur during training or competition.
Article 9	Member is required to apply for membership recess or withdrawal in person. Withdrawal or recess via Telephone is not permitted. Withdrawal via a proxy or letter is permitted only when there is sufficient reason for not being able to come in person.
Article 10	Regardless of reason, monthly membership fees are payable until a recess or membership withdrawal notice is received.

Member 甲

本人サイン

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Tri-Force 乙

トライフォース五反田

代表 中山徹

東京都品川区東五反田 2-7-11 東都ビル 1 F

Guardian signature(s) required if applicant

is less than 20 years of age

18歳未満の甲の保護者承諾。

上記の者の乙への入会を認めます。

Guardian Signature 保護者 Father 父

印 Mother 母

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