

## Member to Member Public Liability Insurance Form

Name of Establishment/Dojo/Club:		Number of Registrations:	
ACMA Membership Number for establishment:		Number of Licence books required only required with the first registration:	
Contact Name & Address of Establishment/Dojo/Club:		Amount Enclosed for Licence books - (£4.00 per book):	
Return Address:		Email/Web address:	
Amount Enclosed for Member to Member Insurance (£3.50 per Member):		Contact Phone number:	

	First Name	Surname	Address	Post Code	Expiry Date Required (if appropriate)	DOB	Grade/level	OFFICE USE ONLY
								Licence Number
1								
2								
3								
4								
5								
6								
7								

## Member to Member Public Liability Insurance Form

	First Name	Surname	Address	Post Code	Expiry Date Required (if appropriate)	DOB	Grade/level	OFFICE USE ONLY
								Licence Number
8								
9								
10								

**Please Send This Registration form along with Payment to:**

*Memberships*

Association of Classical Martial Arts  
2 Gower Place  
Fleming Road  
Chafford Hundred  
Essex RM16 6YN

Please make all cheques payable to A.C.M.A. or Send Payment direct to A.C.M.A Account No: XXXXXXXX Sort Code: XX-XX-XX

Please quote your Membership Number. If you are a new member then this will follow.