

**Please complete all sections in block capitals.**

**First Name(s)**

**Surname**

**Address**

**Post code**

**Date of Birth**

**Telephone n<sup>o</sup>**

**Mobile**

**Club Name**

**Grade**

**Judo Annual  
Membership Fee**  
(Please tick one)

JUNIOR	
FIRST YEAR £35	RENEWAL £30
<input type="checkbox"/>	<input type="checkbox"/>

SENIOR	
FIRST YEAR £40	RENEWAL £35
<input type="checkbox"/>	<input type="checkbox"/>

TEMPORARY
£15
<input type="checkbox"/>

**Mixed Martial Arts  
Annual Membership Fee**  
(Please tick one)

MMA
£45
<input type="checkbox"/>

**Please Sign Here**

(Parent/Guardian must sign if applicant is under 16)

**Date**

PLEASE HAND COMPLETED FORMS BACK TO YOUR BBJA CLUB MANAGER  
For enquiries contact:

**BBJA Head Office**

**Mob: 07805 621 476**

[stevemakinbbja@hotmail.co.uk](mailto:stevemakinbbja@hotmail.co.uk)

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