



**KALI ESKRIMA ARNIS TAPADO – CLASSICAL MODERN SYSTEM**

**MEMBERSHIP APPLICATION FORM**

Name: \_\_\_\_\_ Nationality: \_\_\_\_\_

Hong Kong ID No.: \_\_\_\_\_ Gender: \_\_\_\_\_ Civil Status: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

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

Mobile Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Martial Arts practice: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I accept and agreed to abide by the KEAT - CMS Code of Conduct  
(18yrs old below must be accompany by Guardian / Parents Signature)

Member's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_