

Shin Nippon Bujutsu Kenkyū Kai (真日本武術研究会)

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MEMBERSHIP FORM

Association

Shin Nippon Bujutsu Kenkyū Kai (真日本武術研究会)

ver. 1.6

validity: from 01-Aug-2025

PERSONAL INFORMATIONS

First name	 Last name	
Birth date		
	 (D-M-Y)	
Street	 	
ZIP	 Town	
Phone	 Mobile	
Email		

I hereby declare that I wish to become a supporting member of the *Shin Nippon Bujutsu Kenkyū Kai association* (真日本武術研究会). This document cancels and replaces any previous agreements relating to membership in the association.

I acknowledge having read the association's purpose as well as the internal regulations which I agree to follow fully. I am informed of my rights and duties as a member and agree to pay the requested monthly contribution in the amount of:

MONTHLY MEMBERSHIP FEE Supporting member	Adult 18 years old on the day of signature or the month following birthday	Discounted Children, students (under 26) AVS/AI/AC, N/F/S permits
Standard (Classes, 1x/week)	☐ CG\$#F349600er	☐ CGℲℯℙ℈Վ℆Ω℮℩
Premium (Unlimited)	☐ C634F375566er	С 634F ∂с606.06er
Application fees (for the 1st registration only)		(ექტ-ე სტ მე ნი
Special discounts (please indicate the reference)		



I prefer to pay the requested contribution **annually** rather than monthly:

ANNUAL MEMBERSHIP FEE Supporting member	Adult 18 years old on the day of signature or the month following birthday	Discounted Children, students (under 26) AVS/AI/AC, N/F/S permits
Standard (Classes, 1x/week)	☐ C634F3545£100F	□ C634F3450c1001
Premium (Unlimited)	Costal Salar Costal Cos	
Application fees (for the 1st registration only)	С ©ქ4 Fa 160 00 er	☐ C GsteFa k‰ მნ ier
Special discounts (please indicate the reference).		
The amount of the membership fee Association (circle the method of pays		
The status of supporting member doe offered by the Association, in parconferences, excursions, open-house Association, among others.	rticular participation in training s	essions, demonstrations, seminars,
Terms and conditions and fees may member's membership. They come int		
☐ Classificatoritæke to be personally insure that of my family or accompanying pe		
Chauthorize the Association to take	photos and post them on different m	nedia.
Purposes of processing: this data is collected data be transferred or sold to third parties.		o date; under no circumstances will this
Location		
Date		
Signature of the member		
Signature of guardian (if applicable)		