AIKIDO
KOBUKAI PERTH
SCARBOROUGH WA

Scarborough Dojo **Concession Form** **173 Gildercliffe Street**

Full Name: ..... Date of Birth: .....

Address: ..... postcode: .....

Phone: .....

Email: .....

Fees

Please complete this form along with the general membership form explaining your reasons for requesting concession to fee structure and amount you are willing to pay.

Once submitted to the treasurer, the senior membership team will apply an outcome and advise promptly

Full Name: ..... Signature: .....

Parent/Guardian Signature (for students under 18 years of age):

Date: .....