



# AMAHOF INC MEMBERSHIP RENEWAL

Membership fees are to be forwarded with this completed form to

President, AMAHOF  
737 Glenfern Road  
Tasmania, 7140 AUSTRALIA.



or email to [president@amahof.com](mailto:president@amahof.com) .  
Fees are valid for the fiscal year (July — June) only.

Please tick the appropriate boxes as required.

Please make cheques payable to "AMAHOF Inc" or by direct deposit  
**EFT Bank Details: BSB: 036082, Account No.: 150671** with your name in the  
reference field and an e-mail notification of EFT Deposit to [treasurer@amahof.asn.au](mailto:treasurer@amahof.asn.au)

Surname: \_\_\_\_\_ Other Names: \_\_\_\_\_

Address: \_\_\_\_\_ Post code: \_\_\_\_\_

Country: \_\_\_\_\_

Ph Home: \_\_\_\_\_ Ph Work: \_\_\_\_\_ Mob: \_\_\_\_\_

e-mail: (please print clearly): \_\_\_\_\_

Occupation: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  Male  Female

### AMAHOF INDUCTION YEAR:

INDUCTION NUMBER

- Individual Membership    A\$50.00    **Grade Held:** \_\_\_\_\_
- 5 Year Individual Membership option    A\$250.00
- Associate Membership    (Non AMAHOF Inductee)    A\$50.00

### AMAHOF Recognised Grades Held: (Certificate accepted by AMAHOF/ASC)

Dojo Website link:

Remarks:

\$

**Total Payable:** \$

**Declaration:** I agree that AMAHOF Inc will not be held responsible for loss or injury sustained by me.  
I agree to abide by the Rules, Bylaws and Constitution of AMAHOF Inc.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_