All England Judo Federation

Membership Application Form as of 1st June 2026

(This form replaces all previous forms)

(Please print in block capitals, clearly, & fill in all details correctly)

First Name:	Surname:
DOB:	Sex: Male/Female
Address:	
Postcode:	Contact Number:
Email:	Medical conditions:

NB: Suffering a medical condition does not stop you from participating in Judo.

Judo Club:

Current Grade: Existing from another Association **YES / NO**	Date:	Examiners:
Coaching Award:	Date:	Examiners:
Referee Award:	Date:	Examiners:

New licence: £15 ◯ Renewal licence: £10 ◯ Officials: £3 ◯

Current membership No. _____

Signature: **Date:**

Please note. Any licence that has expired longer than 30 days will only come with 12 months membership form the date of this form. Cost remains £10 to renew.

Please send this form via Post to Mr Peter Green, 26 All Saints Close, Doddinghurst, Brentwood, Essex, CM15 0NH or email membership@allenglandjudofederation.co.uk

Payment

Please make cheque payable to: All England Judo Federation (Please do not send cash through the post)

BACS: Lloyds Bank Acc. Name: All England Judo Federation
Sort: 30-99-50 Acc. No. 23132468

CARD PAYMENTS NOT ACCEPTED. Please send proof of payment if using BACS