



Sensei Rudolph Barnard – 5th dan Goju Ryu
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OD Karate

www.odkarate.co.za

2016 Fee Structure

Membership Fee Philosophy

- * Professional tuition is presented by qualified (additional to Karate qualifications) teachers
- * All members pay **Affiliation fee to the National Body, SAGA** - no family rates possible.
- * The Affiliation fee is due 31 March annually - No affiliation = no gradings, courses, etc.
- * Fees are payable in advance on or before the 3rd of every month. The dojo head has the discretion to increase the fees annually with 10%.

- *SAGA affiliation fee includes a free SAGA Black Book for **First Time members**
- * Members pay a **DOJO MEMBERSHIP FEE, NOT A TRAINING FEE! Only the first three classes are free.**
- * Family Rates: 1st pay full, 2nd discounted rate, 3rd member free

1. Annual Affiliation Fee to SAGA						R 300
2. Annual Affiliation Fee to LKF						R 30
3. Membership Fees				Yearly	Semi-Annually	Monthly
				20% discount	10% discount	
Adults Working				R 2 640	R 1 485	R 280
Adults Working - 2nd Family member				R 2 420	R 1 365	R 260
Scholars training 1x weekly				R 1 694	R 960	R 180
Scholars training 1x weekly - 2nd family member				R 1 474	R 825	R 160
4. Grading Fees	Kyu Grades = R100; 1st Kyu = R300 ;Junior Shodan = R2 200; Shodan = R2 400					
5. Karate Gi's, badges & merchandise	contact Sonja Gilomee at sonja.g@telkomsa.net					
6. Guests Training Fees per class						R 110
7. Extra Classes per 45 minutes						R 170
8. Only electronic transfers allowed to FNB account 62155090641. Add 20% for cash to this account.						
9. One calender month written notice is required when a member will leave the dojo.						



Membership Application (complete one at the beginning of every year and receive a free copy of the rules)

Name of Karateka: _____ Date of Birth: _____
 Need copy of ID

Name of Parents/Legal Guardians: _____

ID no of Parents/Legal Guardians: _____ Need copy of ID

Home address: _____ Need proof of address

E-mail address: _____

Relevant telephone numbers: _____

Question: Would you like to compete in competitions? Yes/No

Name of Academic School: _____ Need proof of reistration

Medical conditions: _____

I, _____, the parent / legal guardian of _____,

hereby acknowledge that the information given is correct. I also undertake to pay the

affiliations and membership on time. I understand that legal steps may follow if not.

 Parent / legal guardian signature