**I.M.A.F. Belgium**



**Sinds/Depuis 1978**

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**INTERNATIONAL MARTIAL ARTS FEDERATION–BELGIUM**

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| Nr. Aansluiting/  Affiliation |  |  |  |  |  | Discipline | K | A | R | A | T | E |  |  |  |  |  |

Aanvrager/Gezinshoofd Clubverantwoordelijke

Demandeur/Chef de Famille …………………………….. Responsable du Club

Datum/Date: ……………………………………

\* Lidmaatschap, verzekering en vergunning: **35€**

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Ondergetekende, Dokter in de geneeskunde verklaart dat Dhr/Mevr.

Le soussigné, Docteur en Médicine, déclare Mr/Mme……………………………………………

Geschikt / Ongeschikt voor het beoefenen van

Apte / Inapte pour lapractique du …………………………………………………………………….

Handtekening + stempel Dokter

Signature + Cachet du Médecin