## (Established 1982)

## KOREAN MARTIAL ARTS FEDERATION

(World Headquarters) P.O. Box 281 Grand Blanc, MI 48480, USA

## HEAD INSTRUCTOR APPLICATION

(Please Print or Type)

NAME(LAST):		FIRST:		_ INITIAL:
ADDRESS (STREET):			_ CITY:	
STATE:	ZIP CODE:	COUN	VTRY:	
DATE OF BIRTH: MONTH:	DAY: YE	AR: PHONE	:()	
YOUR RANK:	DATE	OF RANK: MONTH:_	DAY:	YEAR:
NUMBER OF GUPS AT THIS	SCHOOL:	NUMBER OF I	DANS AT THIS S	SCHOOL:
STYLE OF MARTIAL ART:_		E-MAIL ADDRESS:		
Federation <sup>TM</sup> ). I agree to adher follow the policies and proced Directors and the President.  I am registering my School and who teach at my School, as In permitted to issue and/or have KMAF Individual Application Headquarters and must be significant.	d all of my student structors, with the printed, any type on s for Membership	e KMAF Constitution  s, at this time, with t  KMAF. I understand  of certificate or card,  and promotions mus	the KMAF and retained that under no cit of rank. I further to be presented to	nd by the Board of egistering all those reumstances will I be understand that all
In consideration thereof, I here regulations, I may be dismisse payments of any kind are non-	d and that I shall n			
Applicant's Sig	nature	<del></del>	Date:	

Head Instructor First- Year Fee: \$55.00 (Annual Renewal Fee: \$35.00) (Make All Fees Payable to **ITA Institute**, in U.S. Funds Only)

Submit This Application, A Photo-Copy Of Your Certificate Of Rank, 2 (2"x2") ID Photos, Head Instructor's Fee, School Membership Application and Fee, Plus Applications for All Your Students and Fees As Indicated On The Applications.