

## WORLD MARTIAL ARTS FEDERATION™

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

## INDIVIDUAL APPLICATION FOR MEMBERSHIP

(Please Print or Type)

NAME (LAST):	FIRST:				INITIAL:	
ADDRESS (STREET):		CITY:				
STATE:	_ ZIP CODE:		COUN	NTRY:		
DATE OF BIRTH: MONTH:	DAY:	YEAR:	PHONE:	()		
YOUR RANK:	DATE	OF RANK: M	ONTH:	DAY:	YEAR:	
MARTIAL ART STYLE:	YEAR'S OF TR				AINING:	
In consideration of accepting my President, and all members of the while practicing or as a result of guardians of the applicant hereby indemnify and release all member or which may be made on behalf	ne WMAF, from a practicing the May request that this ers of the WMAF,	Il responsibilit rtial Arts or ar application be its President, a	ies and all clai by related active accepted, and and Board of I	ms for injuri- rities, and the in considera Directors, fro	es I may receive parents and/or tion thereof, agree to	
Applicant's Signature		Date		Date		
Signature of Parent or Guardian if ap is under 18 years of age.		plicant Date				
	- First-Yea	r Membersh	ip Fees -			
Includes WMA	F Certificate of Ra	ınk plus WMA	F Rank and Id	lentification (	Card	
$\square$ GUP = \$ 20.00. (	Outside U.S. = \$25	5.00 🗖 BI	ACK BELT =	= \$ 95.00. Ou	utside U.S. = \$115.00	
WMAF S	l Fees: (Renewals chool Members: AF School Membe	GUP = \$1	2.00. Black B	elt = \$20.00		

Submit This Application, a <u>Photo-Copy of Your Rank Certificate</u>, and The First-Year Membership Fee as indicated on this Application. <u>Black Belts Include 2 I.D. Photos</u>. Make All Fees Payable To **ITA Institute**, In U.S. Funds Only.