



WORLD MARTIAL ARTS FEDERATION™

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

SCHOOL MEMBERSHIP APPLICATION

(Please Print or Type)

NAME OF SCHOOL: _____

ADDRESS (STREET): _____ CITY: _____

STATE: _____ ZIP CODE: _____ COUNTRY: _____

DATE OPENED: MONTH: _____ DAY: _____ YEAR: _____ SCHOOL PHONE: (____) _____

NUMBER OF GUPS AT THIS SCHOOL: _____ NUMBER OF DANS AT THIS SCHOOL: _____

HEAD INSTRUCTOR'S NAME AND RANK: _____

WMAF REG. NO.: _____ STYLE OF MARTIAL ART: _____

ADDRESS TO WHICH ALL CORRESPONDENCE IS TO BE SENT

NAME(LAST): _____ FIRST: _____ INITIAL: _____

ADDRESS (STREET): _____ CITY: _____

STATE: _____ ZIP CODE: _____ COUNTRY: _____

HOME PHONE: (____) _____ E-MAIL: _____

Submit a list of the names and addresses of all Instructors of this school. New School affiliations submit, with this application, the First-Year School Membership Fee, plus another School Membership Application and \$50.00 for each additional school you have more than one school. All schools must register with the WMAF.

I, the undersigned, do hereby agree to register all Instructors, Students, and Schools with the WMAF, **at this time**. I understand that my School(s) are subject to inspection by the WMAF President and/or other WMAF officials at any time. I agree to adhere to all rules, regulations, policies, and procedures as set forth by the WMAF, the WMAF President and WMAF Board of Directors. I understand that all fees, dues, or payments of any kind are non-refundable.

Applicant's Signature

Date:

First-Year School Membership Fee: \$75.00 (Annual Renewal Fee: \$35.00)
(Make All Fees Payable to **ITA Institute**, in U.S. Funds Only)