INDIVIDUAL MEMBERSHIP FORM

REGULAR FEE (US) $35.00 INTERNATIONAL FEE $50.00

NAME:_____

MAILING ADDRESS:_____

CITY:_____ STATE:_____ ZIP/POSTAL CODE:_____

COUNTRY:_____ TELEPHONE: _____

E-MAIL:_____

WEB SITE: _____

AGE:_____ RANK(S) HELD:_____

AFFILIATIONS:_____

SPONSORED BY:_____

MARTIAL ARTS HISTORY:

(Please attach additional page if necessary)

_____ _____

SIGNATURE OF MEMBERSHIP APPLICANT DATE OF APPLICATION

_____ _____

APPROVED BY DATE OF ACCEPTANCE