



MASTERS INTERNATIONAL MARTIAL ARTS FEDERATION

~ Membership Application Form ~

Legal Name: _____ Date of Birth: _____

Nationality: _____ Email: _____

Membership Type: (Highlight whichever applies – see membership requirements)

Practitioner Master Practitioner Grand Master Practitioner

Grade: _____ Martial Art: _____

School Name: _____

Teacher (if applicable): _____ Teacher Rank: _____

Attach Martial Arts CV

I hereby declare that the information provided is true and accurate to the best of my knowledge.

Signed: (Applicant) _____ Dated: _____

(include stamp if required)



OFFICIAL USE ONLY

Reviewed by: _____