



MASTERS INTERNATIONAL MARTIAL ARTS INSTITUTE

Membership Application Form ~ 2025

Legal Name: _____ Date of Birth: _____

Nationality: _____ Primary Email: _____

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

Student Practitioner Master Practitioner Grand Master Practitioner School Hub

Grade: _____ Martial Art: _____ School Name: _____

Teacher (if applicable): _____ Rank: _____

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

Signed: (Applicant) _____ Date: _____



Attach a digital copy of your Martial Arts CV

This should be a summary of all awards, accreditations, ranking, licensing, etc.