



Telephone: (973) 508-0451

AMERICAN FEDERATION OF MARTIAL ARTS

AFMA # _____

112 Hillside Terrace
Irvington New Jersey 07111
E-Mail lkjones112@msn.com

APPLICATION FOR AFFILIATION TO THE AMERICAN FEDERATION OF MARTIAL ARTS

I, THE UNDERSIGNED, WISH TO APPLY FOR MEMBERSHIP IN THE AMERICAN FEDERATION OF MARTIAL ARTS.

INCLUDE ANY
BRANCH DOJO
ON REAR OF
APPLICATION

DOJO NAME: _____

DOJO ADDRESS: _____

NAME OF ALL INSTRUCTORS 1. _____ RANK: _____

2. _____ RANK: _____

3. _____ RANK: _____

Date of Birth: _____
Rank: _____

Applicant's

IF ACCEPTED, I AGREE TO ABIDE BY THE CONDITIONS GOVERNINE MY CONDUCT AS A STUDENT / INSTRUCTOR AND TO FOLLOW THE RULES OF THE AMERICAN FEDERATION OF MARTIAL ARTS.

I ENCLOSE HEREWITH CHECKS / MONEY ORDER, FOR THE SUM OF \$ 35.00 SAID AMOUNT BEING AFFILIATION FEE FOR ONE YEAR OF MEMBERSHIP OF SAID FEDERATION.

APPLICANT

DATE: _____

PHONE NUMBER: _____

SIGNATURE OF

PRINTED NAME

ADDRESS

E-MAIL _____
