



Telephone: (973) 508-0451

**AMERICAN FEDERATION  
OF  
MARTIAL ARTS**

112 Hillside Terrace  
Irvington New Jersey 07111  
E-Mail [lkjones112@msn.com](mailto:lkjones112@msn.com)  
Executive Director: Lonnie Jones  
**DOJO APPLICATION FOR AFFILIATION**  
**THE AMERICAN FEDERATION OF MARTIAL ARTS**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**NAME OF ORGANIZATION HEAD:** \_\_\_\_\_ **RANK:** \_\_\_\_\_

**HOME ADDRESS:** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_ **BUSINESS PHONE:** \_\_\_\_\_

**OCCUPATION:** \_\_\_\_\_

**NAME OF PRESENT INSTRUCTORS:** 1. \_\_\_\_\_

2. \_\_\_\_\_ 3. \_\_\_\_\_

4. \_\_\_\_\_ 5. \_\_\_\_\_

**NUMBER OF BLACK BELTS:** \_\_\_\_\_ **NUMBER OF UNDER BLACK BELTS:** \_\_\_\_\_

PLEASE SUBMIT

**1. A Complete roster identifying all Organization Officials. Including rank and residence address.**

**2. New affiliates submit payment of \$75.00 US with application.**

**All member Schools will be subject to inspection by the Regional Director and Members of the Board of Directors.**

**It is specifically understood that your Organization shall make every effort to obtain 100% of your total members for membership in the American Federation of Martial Arts.**

**SIGNATURE OF ORGANIZATION HEAD:** \_\_\_\_\_

**REMARKS:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ **DATE:** \_\_\_\_\_

**Date Approved :** \_\_\_\_\_ **ID # Number:** \_\_\_\_\_

**By** \_\_\_\_\_ **Rank:** \_\_\_\_\_