



Telephone (843) 705-6953

AMERICAN FEDERATION OF MARTIAL ARTS

AFMA ID # _____

Adolfo Ennever
26 Sundome Court
Bluffton SC, 29909

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: _____

Applicant's Rank: _____

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 \$ _____ SAID AMOUNT BEING AFFILIATION FEE FOR MEMBERSHIP OF SAID FEDERATION.

SIGNATURE OF APPLICANT

DATE: _____

PRINTED NAME

PHONE NUMBER: _____

ADDRESS
