



Telephone (843) 705-6953

**AMERICAN FEDERATION
OF
MARTIAL ARTS**

AFMA ID # _____

**Adolfo Ennever
26 Sundome Court
Bluffton SC, 29909**

**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 Dojos 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:** _____