



# WORLD MARTIAL ARTS FEDERATION™

(World Headquarters)  
P.O. Box 281  
Grand Blanc, MI 48480, USA

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## SCHOOL/HEAD INSTRUCTOR APPLICATION

(You must be a registered WMAF member to apply)

(Please Print or Type)

NAME OF SCHOOL: \_\_\_\_\_

ADDRESS (STREET): \_\_\_\_\_ CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ COUNTRY: \_\_\_\_\_

DATE OPENED: MONTH: \_\_\_\_\_ DAY: \_\_\_\_\_ YEAR: \_\_\_\_\_ SCHOOL PHONE: (\_\_\_\_) \_\_\_\_\_

NUMBER OF GUPS AT THIS SCHOOL: \_\_\_\_\_ NUMBER OF DANS AT THIS SCHOOL: \_\_\_\_\_

HEAD INSTRUCTOR'S NAME AND RANK: \_\_\_\_\_

WMAF REG. NO.: \_\_\_\_\_ STYLE OF MARTIAL ART: \_\_\_\_\_

### ADDRESS TO WHICH ALL CORRESPONDENCE IS TO BE SENT

NAME(LAST): \_\_\_\_\_ FIRST: \_\_\_\_\_ INITIAL: \_\_\_\_\_

ADDRESS (STREET): \_\_\_\_\_ CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ COUNTRY: \_\_\_\_\_

HOME PHONE: (\_\_\_\_) \_\_\_\_\_ E-MAIL: \_\_\_\_\_

Submit a list of the names and addresses of all Instructors of this school. New School affiliations submit, with this application, the First-Year School Membership Fee, plus another School Membership Application and \$100.00 for each additional school you have more than one school. All schools must register with the WMAF.

I, the undersigned, do hereby agree to register all Instructors, Students, and Schools with the WMAF, **at this time**. I understand that my School(s) are subject to inspection by the WMAF President and/or other WMAF officials at any time. I agree to adhere to all rules, regulations, policies, and procedures as set forth by the WMAF President and Board of Directors. I understand that all fees, dues, or payments of any kind are non-refundable.

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Applicant's Signature

Date:

First-Year School/Head Instructor Membership Fee: \$125.00 (Annual Renewal Fee: \$65.00)  
(Make All Fees Payable to **ITA Institute**, in U.S. Funds Only)