

WORLD MARTIAL ARTS FEDERATION TM

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

APPLICATION FOR GRAND MASTER MEMBERSHIP

(Please Print or Type)

NAME (LAST):		FIRST:			INITIAL:
ADDRESS (STREET):	CITY:				
STATE:	_ ZIP CODE:		COUNT	TRY:	
DATE OF BIRTH: MONTH:	DAY:	YEAR:	_ PHONE: (_)	
YOUR RANK:	DATE	OF RANK: MO	NTH:	_ DAY:	YEAR:
E-MAIL:	DO YOU HAVE A SCHOOL:				
MARTIAL ART STYLE:	YEAR'S OF TRAINING:				
In consideration of accepting my President, and all members of the while practicing or as a result of guardians of the applicant hereby indemnify and release all members or which may be made on behalf	ne WMAF, from a practicing the May request that this ars of the WMAF,	Il responsibilities rtial Arts or any application be ac its President, and	s and all claim related activiti ecepted, and in d Board of Dir	s for injuries ies, and the p consideration rectors, from	s I may receive parents and/or on thereof, agree to
Applicant's Signature			Date		
- (Grand Master F	irst Year Mem	nbership Fee	· –	
(Only 9th and 10th D	egree Black Bel	lts May Apply	for Grand N	Master Me	embership)
Includes WMAF Certificate of Living With	of Rank, WMAF F nin U. S. = \$395.0				
	l Fees : (Renewals hin U. S. = \$35.0		Cank and Ident ving Outside U		
	cation, a <u>Photo-Co</u> Fee as indicated on the Fees Payable T	on this Application	on. Include 2	I.D. Photos	