



WORLD MARTIAL ARTS FEDERATION™

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

HEAD INSTRUCTOR APPLICATION

(Please Print or Type)

NAME(LAST): _____ FIRST: _____ INITIAL: _____

ADDRESS (STREET): _____ CITY: _____

STATE: _____ ZIP CODE: _____ COUNTRY: _____

DATE OF BIRTH: MONTH: _____ DAY: _____ YEAR: _____ PHONE: (____) _____

YOUR RANK: _____ DATE OF RANK: MONTH: _____ DAY: _____ YEAR: _____

YOUR WMAF REG. NO.: _____ TOTAL MEMBERS AT SCHOOL: _____

STYLE OF MARTIAL ART: _____ E-MAIL: _____

I, the undersigned, do hereby apply for Head Instructor status in the WMAF (World Martial Arts Federation™). I agree to adhere to all the rules and regulations which govern this organization and to follow the policies and procedures set forth in the WMAF Constitution and By-Laws and by the Board of Directors and the President.

I am registering my School and all of my students, **at this time**, with the WMAF and registering all those who teach at my School, as Instructors, with the WMAF. I understand that under no circumstances will I be permitted to issue and/or have printed, any type of certificate or card, of rank. I further understand that all WMAF Individual Applications for Membership and promotions must be presented to WMAF World Headquarters and must be signed by the President and bear the WMAF Official Seal.

In consideration thereof, I hereby agree that should I fail to abide by the WMAF's policies, procedures, and regulations, I may be dismissed and that I shall not be entitled to a refund of any kind. I understand that all payments of any kind are non-refundable.

Applicant's Signature

Date:

Head Instructor First- Year Fee: \$55.00 (Annual Renewal Fee: \$35.00)
(Make All Fees Payable to **ITA Institute**, in U.S. Funds Only)

Submit This Application, A Photo-Copy Of Your Certificate Of Rank, 2 ID Photos,
Head Instructor's Fee, School Membership Application and Fee, Plus Individual
Applications for You and All Your Students, Plus Fees As Indicated On The Applications.