



# WORLD MARTIAL ARTS FEDERATION™

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

## INDIVIDUAL APPLICATION FOR MEMBERSHIP

(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: \_\_\_\_\_

MARTIAL ART STYLE: \_\_\_\_\_ YEAR'S OF TRAINING: \_\_\_\_\_

I hereby make application for membership in the WMAF (World Martial Arts Federation™), and upon acceptance, I pledge to obey all the rules and regulations set forth in the WMAF Constitution and By-Laws and by the President and Board of Directors. I clearly recognize that a risk is involved in the studying of the Martial Arts and related activities, which has been completely explained to me and my parents and/or guardians.

In consideration of accepting my application for entry into the WMAF, I hereby release the WMAF, its President, and all members of the WMAF, from all responsibilities and all claims for injuries I may receive while practicing or as a result of practicing the Martial Arts or any related activities, and the parents and/or guardians of the applicant hereby request that this application be accepted, and in consideration thereof, agree to indemnify and release all members of the WMAF, its President, and Board of Directors, from all claims made or which may be made on behalf of the applicant, for the aforesaid consideration.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian if applicant  
is under 18 years of age.

\_\_\_\_\_  
Date

### - First-Year Membership Fees -

Includes WMAF Certificate of Rank plus WMAF Rank and Identification Card

GUP = \$ 20.00. Outside U.S. = \$25.00       BLACK BELT = \$ 95.00. Outside U.S. = \$115.00

Annual Renewal Fees : (Renewals receive a new Rank and Identification Card).

WMAF School Members:      GUP = \$12.00. Black Belt = \$20.00.

Non WMAF School Members: GUP = \$15.00. Black Belt = \$25.00.

Submit This Application, a Photo-Copy of Your Rank Certificate, and The First-Year Membership Fee as indicated on this Application. Black Belts Include 2 I.D. Photos.  
Make All Fees Payable To **ITA Institute**, In U.S. Funds Only.