



**GLOBAL MARTIAL ARTS  
ASSOCIATION  
SCHOOL MEMBERSHIP APPLICATION**  
(Please Print)



NAME OF MARTIAL ARTS SCHOOL \_\_\_\_\_

OWNER/HEAD INSTRUCTOR \_\_\_\_\_

BELT RANK \_\_\_\_\_

ADDRESS OF SCHOOL (Street) \_\_\_\_\_  
 (City) \_\_\_\_\_  
 (State/Province) \_\_\_\_\_  
 (Postal Code/Zip Code) \_\_\_\_\_  
 (Telephone #) \_\_\_\_\_  
 (Email) \_\_\_\_\_  
 (Web Site) \_\_\_\_\_

MARTIAL ARTS DISCIPLINE(S) \_\_\_\_\_

ADDITIONAL INSTRUCTOR(S)	
<u>NAME</u>	<u>BELT RANK</u>
_____	_____
_____	_____
_____	_____
_____	_____

**ANNUAL FEE: \$50.00**

DATE OF APPLICATION \_\_\_\_\_

SUBMITTED **WITH FEE** BY \_\_\_\_\_ DATE \_\_\_\_\_

MAIL TO: **GLOBAL MARTIAL ARTS ASSOCIATION**  
**C/O PROF ED McLACHLAN**  
**12 PARK AVE.**  
**ST. THOMAS, ON, CANADA N5R 4V3**

RECEIVED WITH PAYMENT \_\_\_\_\_ (DATE) \_\_\_\_\_

APPROVED BY \_\_\_\_\_ DATE \_\_\_\_\_

REGISTRATION # \_\_\_\_\_