



**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)

NAME

BELT RANK

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 # _____