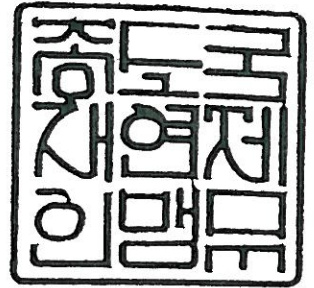




INTERNATIONAL MARTIAL ART FEDERATION



APPLICATION FOR MEMBERSHIP

I.M.F. No. _____

Please print or type application. Name will appear on cards as it appears on this application

Your Name _____

Your address _____

City _____ State _____ Zip Code _____ E-Mail _____

Age _____ Male Female Telephone _____ Date of Birth _____

Color of Eyes _____ Color of Hair _____

Your Instructors Name _____ School _____

Occupation _____

Date Started Martial Art _____

Present Martial Art Rank _____

Membership Fee \$35.00 (U.S. Currency) – for one year membership

\$20.00 Annual Renewal Fee

I understand that upon my acceptance as a member in the International Martial Art Federation, I will do my utmost to bring honor and esteem to the organization and to the Martial Arts of the world.

Upon the receipt of your application fee, I.M.F. membership cards will be mailed directly to I.M.F. State Directors or Instructors.

Applicant Signature _____ Application Date _____