

The Society of Federated Martial Arts International

Membership Application

Today's Date: _____
Full Name _____
Address _____
City _____ State/Country _____ Postal Code _____
Phone Numbers(s) Home _____ Work _____
Email: _____ Website: _____
Date of Birth: _____ Gender: M ___ F ___
Martial Arts Style: _____
Title: _____
Rank: _____
Date of Certification: _____
School Name: _____
Head Instructor: _____
Address: _____
City: _____ State/Country: _____ Postal Code: _____
Phone: _____ Email: _____
Website URL: _____

I _____ agree (if accepted) to abide by all the bylaws and rules set forth by the Society of Federated Martial Arts International. I also further acknowledge that contravention of these rules can and may be grounds for termination of this membership. I also further agree to support in any way, the functions and goals of the Federation.

Signature _____

Remit with your fee to:
SFMA Int'l Membership Application Center
9514-102 Avenue
Fort St. John, BC V1J-2C6

Please allow 3-4 weeks for processing