

# United States (USA) Martial Arts Federation™

*Coalition of USA National Organizations*  
The Official "USA Martial Arts Federation"™

## ALLIED GROUP Membership Application

Organization: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

### - Organizational Information -

#### Type:

Sole Proprietorship  Partnership  Corporation

Non-Profit Corporation  Unincorporated Non-Profit Group

#### Art(s) or Style(s) Serviced:

Single Style or Art  Any or All  Specific Only

Please list Art(s) and/or Style(s): \_\_\_\_\_

\_\_\_\_\_

### Organizational Membership Data

President or other Chief officer: \_\_\_\_\_

List all other officers and titles:

Name / Title

Name / Title

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

USMAF Allied Group Application cont.

Total Number of Black Belts: # \_\_\_\_\_  
Total Number of Other Ju-Jitsuka: # \_\_\_\_\_  
Total Number of Members # \_\_\_\_\_

I hereby make application for the \_\_\_\_\_  
as an Allied Group Member with the United States (USA) Martial Arts Federation (USMAF). I affirm that I am the official representative of the above organization and that the above organization recognizes the United States Martial Arts Federation (USMAF) as the Official Coalition of National Martial Art Organizations in the United States of America.

President or Chief Officer

Secretary

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Signature)

**ANNUAL FEE = \$250.00 (payable to USMAF)**

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**For National Office Only:**

Approved: \_\_\_\_\_ Date Processed: \_\_\_\_\_

Amount Paid: \_\_\_\_\_ Signature of USMAF Official: \_\_\_\_\_  
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