

# UNITED STATES MARTIAL ARTS FEDERATION

USMAF National Office: 1850 Columbia Pike, Ste. # 613, Arlington, VA 22204 USA  
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## ANNUAL CLUB REGISTRATION APPLICATION

**Note:** This form is to be used by all clubs that wish to become USMAF affiliates. Please forward your club application in at once to avoid problems in processing your members individual applications. Please complete all blanks and print very clearly to prevent errors. Applications may be mailed to the above address or faxed to the above fax number.

**Note: All registered clubs must have at least 5 current individual USMAF Members**

### CLUB INFORMATION

Club Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Club Address: \_\_\_\_\_  
(Street and Number) (City and State) (Zip Code) (Country)  
Fax: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Website URL: \_\_\_\_\_  
Sensei's Name: \_\_\_\_\_  
Martial Art Style: \_\_\_\_\_  
  
Number of Black Belts \_\_\_\_\_ Number of Students \_\_\_\_\_  
Total Number of Students \_\_\_\_\_

*Please attach a copy of the club or organization's constitution and/or by-laws if available.  
List names of all Martial Arts Black Belts in a separate attachment.*

If accepted as a member club, we agree to abide by the Constitution, Rules and Regulations, and By-Laws of the United States Martial Arts Federation and to respect and abide by all policies of the United States Martial Arts Federation. I have enclosed the required Club Membership fees of (Circle One):

**One Year: \$35.00, Two Years: \$60.00, Three Years: \$80.00, Four Years: \$100.00, Five Years: \$120.00.**  
**Membership Fees for International Affiliates: \$50.00 USD per year**

Signed \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

### CLUB CONTACT

When our organization is accepted as a member, our Official Club Representative will be:

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### PAYMENT INFORMATION

*Please make Checks or Money Orders payable to the USMAF*  
**5% Processing Fee on all Credit Cards**

I have enclosed a **Bank Certified Check** or **Money Order** payable to the **USMAF** \_\_\_\_\_

Please charge my: (circle one) **Visa MasterCard Discover American Express**

**Card #** \_\_\_\_\_ **Expiration Date** \_\_\_\_\_

**Name as it Appears on the Card** \_\_\_\_\_

**Your Signature:** \_\_\_\_\_ **Total Amount Charged:** \$ \_\_\_\_\_

**Please make as many copies as you need. The USMAF does not ship bulk forms!**  
*Member of: World Kobudokan, Pan American Budo Federation, USA Karate Federation, US Ju-Jitsu Federation,  
US Yudo Association and Central Tae Kwon Do Association of the USA ,  
Serving American Martial Arts Since 1967*