

American Federation of Martial Arts

Application for Individual Membership



Send Application to:
Hanshi Adolfo Ennever
26 Sundome Court
Bluffton, SC 29909

Phone: (843) 705-6953
Email: afma1@aol.com

(Please Fill Out this Form Completely and attach your Martial Arts Resume)

Your Information:

Name:	<input type="text"/>	Date of Birth:	<input type="text"/>
Address:	<input type="text"/>		
	<input type="text"/>		
Phone:	<input type="text"/>	Email:	<input type="text"/>

Name of School:	<input type="text"/>		
Address:	<input type="text"/>		
	<input type="text"/>		
Phone:	<input type="text"/>	Website:	<input type="text"/>
System:	<input type="text"/>	Rank:	<input type="text"/>

Your Instructors Information (List All): [Add additional on Back if more than 3]

Name:	<input type="text"/>	System:	<input type="text"/>	Rank:	<input type="text"/>
Name:	<input type="text"/>	System:	<input type="text"/>	Rank:	<input type="text"/>
Name:	<input type="text"/>	System:	<input type="text"/>	Rank:	<input type="text"/>

IF ACCEPTED, I AGREE TO ABIDE BY THE CONDITIONS GOVERNING MY CONDUCT AS A STUDENT /INSTRUCTOR AND TO FOLLOW THE RULES OF THE AMERICAN FEDERATION OF MARTIAL ARTS.

Signature of Applicant	<input type="text"/>	Referred by	<input type="text"/>
Print Name	<input type="text"/>	Date	<input type="text"/>

OFFICE USE ONLY

Date Received: _____ Approved: Denied: Date: _____ AFMA #: _____