



Telephone: (843)705-6953

AMERICAN FEDERATION OF MARTIAL ARTS

26 Sundome Court
Bluffton, SC 29909
E-Mail afma1@aol.com
Director: Adolfo Ennever

AFMA # _____

DOJO APPLICATION FOR AFFILIATION THE AMERICAN FEDERATION OF MARTIAL ARTS

NAME: _____
ADDRESS: _____
NAME OF ORGANIZATION HEAD: _____ RANK: _____
HOME ADDRESS: _____
HOME PHONE: _____ BUSINESS PHONE: _____
OCCUPATION: _____

NAME OF PRESENT INSTRUCTORS: 1. _____
2. _____ 3. _____
4. _____ 5. _____
NUMBER OF BLACK BELTS: _____ NUMBER OF UNDER BLACK BELTS: _____

PLEASE SUBMIT

1. A Complete roster identifying all Organization Officials. Including rank and residence address.
2. New affiliates submit payment of \$80.00 US with application.

All member Schools will be subject to inspection by the Regional Director and Members of the Board of Directors.

It is specifically understood that your Organization shall make every effort to obtain 100% of your total members for membership in the American Federation of Martial Arts.

SIGNATURE OF ORGANIZATION HEAD: _____
REMARKS; _____

_____ DATE: _____

Date Approved: _____ ID # Number: _____
By _____ Rank: _____