# U.S. Association of Martial Artists

## School Membership Application

***Established in Memory of James H. Hawkes, 10th Dan***

**Please Print**

**SCHOOL NAME** _____

**CHIEF INSTRUCTOR NAME** _____ Circle **SEX M / F**

**MAILING ADDRESS**_____**CITY**_____**STATE** _____**ZIP**_____

**HOME PHONE** _____ **CELL PHONE** _____ **SCHOOL PHONE** _____

**DISCIPLINE/STYLE** _____

**CHIEF INSTRUCTOR BELT RANK** _____

**E-MAIL ADDRESS**_____ **WEBSITE ADDRESS** _____

Chief Instructor's Signature*_____Date_____

**Annual Fee** ***All Levels of School Memberships receive School Certificate.***

**Gold Level Membership: $200.00**

(Gold Members receive Discounts on their Student's Memberships, the ability to Sanction Approved Tournaments with the Association, the Individual Membership for the Chief Instructor, rank recognition of their students when they apply for individual membership, plus all the benefits of the Silver and Bronze memberships.) *(All Gold Level school memberships must be Approved by Association.)(Individual Lifetime Members Gold School Membership Renewal is only $165.00)*

**Silver Level Membership: $100.00**

(Silver Members receive school listing on our website, and may participate in our National Competitive Team of the Year as well as the Association's National School of the Year Awards.)

***Applicants must submit copy of rank certification for the Chief Instructor.***

***Applying for:***

Gold Membership ☐

Silver Membership ☐

***Gold Level Members:***

*Please Submit an Individual Membership Application (On Back) along with your School Membership Application.*

**Please Submit your Application along with the appropriate fee and copy of rank certification to:**

**U.S. Association of Martial Artists, Inc.**

P.O. Box 8643

Albuquerque, NM 87198

Phone: (505) 872-1091

E-mail: info@usamartialartists.org * Website: www.usamartialartists.org

Payment enclosed (paid by check, cashier's check, money order, Visa, or M/C)….....……..**Total Enclosed**: _____

If paying by credit card: **Circle One : Visa M/C** Account Number |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

Signature of Cardholder _____Phone#_____ Expiration date |___|___| - |___|___| CVS ___

*This section to be filled in by Association*

Date Appl. Received _____ Listed on Website __ Date Mailed _____ Member # _____