



# U.S. Association of Martial Artists

## Individual Membership Application

*Established in Memory of James H. Hawkes, 10<sup>th</sup> Dan*

Please Print



NAME \_\_\_\_\_ AGE \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_ SEX M / F

BELT RANK (Include Kyu, Keup, Grade, Degree, or Dan Level, if applicable) \_\_\_\_\_

STYLE \_\_\_\_\_ INSTRUCTOR \_\_\_\_\_

SCHOOL \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

Applicant's Signature\* \_\_\_\_\_ Date \_\_\_\_\_

\* (Parent or guardian if under 18)

**New Membership Fee for under Black Belts: \$40.00**

**New Membership Fee for Black Belts: \$45.00**

(New Members receive Rank Certificate, Membership Card, and Patch)

**Lifetime Membership Fee for under Black Belts: \$300.00**

**Lifetime Membership Fee for Black Belts: \$400.00**

(Lifetime Members receive Rank Certificate, Laminated Membership Card, and 2 Patches)

**Promotion Fee for Rank under Black Belts: \$30.00**

**Promotion Fee for Jr. – 2nd Degree Black Belts: \$50.00**

**Promotion Fee for 3rd – 5th Degree Black Belts: \$100.00**

**Promotion Fee for 6th Degree Black Belts & up: \$150.00**

(Promotion Fee includes Rank Certificate and Updated Membership Card)

(All Black Belt Ranks must be Approved by Association.)

**Yearly Membership Renewal Fee for All Ranks: \$35.00**

**Applying for:**

New Membership

Lifetime Membership

Promotion

Yearly Renewal

**Black Belt Applicants**

must submit copy of Rank Certification.

(Resume &/or Letter of Recommendation may be Required.)

**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](mailto:info@usamartialartists.org) \* Website: [www.usamartialartists.org](http://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 (Version 2.1.2022)*

Date Application Received \_\_\_\_\_ Date Mailed \_\_\_\_\_ Membership # \_\_\_\_\_