



U.S. Association of Martial Artists

Individual Membership Application

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

3167 San Mateo Blvd NE #217, Albuquerque, NM 87110

Phone: (505) 249-0991

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 (Version 2.1.2025)

Date Application Received _____ Date Mailed _____ Membership # _____