

Association of the Schools of Martial Arts

Primary Membership Application



ASMA
c/o Jan Bauer
 4933 Log Cabin Dr
 Lakeland, Fl. 33810
 www.asma-inc.org

Enrollment (Choose just one)

- New Members \$45.00 Renewal \$40.00
 Life Membership \$100.00
 New MAH (Send copy of membership)
 Renewal MAH

Discipline (choose just one)

- Aikido Judo Karate Kung Fu
 Jujitsu Tae Kwon Do
 Other _____

Style (if applicable) _____

Fill out the Secondary Membership Application for each discipline you have rank in. Send and attach all application to Primary.

Make checks Payable to Eugene Thorner /dba ASMA

For Renewal only: ASMA No. _____ I.D. No. _____

* First Name (Print) _____ *Last Name _____ MI _____

_____ (_____) _____

*Address _____ Home Phone _____

*City _____ *State _____ *Zip Code _____

e-mail address: _____ *Date Join _____

_____ [] Male* or [] Female _____

*Date of Birth _____ Weight _____ Height _____

*Instructor Name _____ ASMA Membership No _____

Charter School Name _____ School Charter Number _____

Parent/ Guardian Signature (if member is under 18) _____ *Member Signature _____

* Do not leave blank. Put in correct information.