International Martial Arts Federation

Europe - UK

Application for Membership

Surname: _____ **Forename:** _____

Address: _____ **Date of Birth:** _____

_____

_____ **Tel. No.:** _____

Post code: _____ **Mobile:** _____

Email: _____

Dicipline: _____ **Grade:** _____

Club: _____

Address: _____

_____

_____

Post code: _____

Signed: _____ **Signed:** _____

Club Coach Student (Parent/Gardian if under 16)

For official use only

IMAF Licence No.: _____ **Issued:** _____

Date	Grade	Entered			Date	Grade	Entered