

FEDERATION OF ISRAELI MARTIAL ARTS FIMA





		Applicant Inforr	mation – I	Please print	or typ	е				
Full Name:	Look	First				Date of Birt	h:	1		
	Last	First			M.I.					
Address:	Street Address				Ans	artment/Unit #				_
	Sileel Address				Ape	arunenvonu #				
	City	Si	tate	ZIP			Country	,		_
Home Phon	ne: <u>(</u>)	Cell Phone: ()	Email	:					
Social Secu	ırity No:									
Have you e	ver been convicte	YES d of a felony?	NO							
If yes, expla	ain:									
	M	artial Arts Backgrou	ınd (Attach	n most recen	ıt certifi	icates)				
Israeli Style	#1		Ran	k:			_Instruc	tor:	YES	NC
Instructor			Organiz	ation <u>:</u>						
Israeli Style #2		Rank:					Instruc	tor:	YES	NC
Instructor				ation <u>:</u>			_			
Martial Art/S	Style #1:						_Instruc		YES	NC
Martial Art/S	Style #2:		Ran	k:			_Instruc	tor: _	YES	N O
Martial Art/Style #3:			Ran	k:			nstruct		ES NO	
Awards:										_
		Instructor (<i>not Recogni</i> nent course/workshop:			comple	ted the requi	red FIM	1A-sa	nctioned	<u>_</u>
When	9.1		Instructo	or <u>:</u>						
rlease subr	mit documentation	1								

Other pertinent information: _					
Title(s) (Master, Captain, etc)	n:				
References:					
School Address: Street		Phone			
City	State	Zip	Country		
	Disclaimer a	and Signature			
true and complete to the be may result in discontinuatio initial instructor certification.	st of my knowledge. I unders n of membership. All instruc These licenses will expire a	stand that false or mislea ctors will be required to after one year. Upon con	rts. I certify that my answers are ading information in my application apply for Recognition License for appletion of a FIMA-sanctioned amay apply for FIMA Instructor		
I will send my Instructor licen Instructor Recognition (1st ye	se fee if approved (select one ar) \$100): ctor (2 nd year) \$100 🔲	FIMA Instructor Renewal \$75		
Applicant Signature: (If under 18 years old – Parent o	r Legal Guardian)		Date:		