

International Grappling Defense Association

IGDA

MEMBERSHIP APPLICATION



Applicant Information – Please print or type

Full Name: _____ Date of Birth: ____ / ____ / ____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Country

Home Phone: (____) _____ Cell Phone: (____) _____ Email: _____

Social Security No: _____ Citizenship: _____ T shirt size s m L XL 2XL
☐ ☐ ☐ ☐ ☐

Have you ever been convicted of a felony? YES NO
☐ ☐

If yes, explain: _____

Martial Arts Background (if applicable)

Martial Art/Style #1: _____ Rank: _____ Instructor certified: YES NO
☐ ☐

Martial Art/Style #2: _____ Rank: _____ Instructor certified: YES NO
☐ ☐

Instructor #1 _____ Instructor #2 _____

Other pertinent information: _____

School Address: _____ Phone _____

City State Zip Country

Disclaimer and Signature

Please accept my application for membership in IGDA. My answers are true and complete to the best of my knowledge. I understand that false or misleading information in my application will result in membership discontinuation. Supporting membership is available to all FIMA members in good standing. Active membership is decided on a case by case basis and in general restricted to those who have served in the military. T-shirt with Lifetime Membership. Enclosed is my membership dues (select one): Active member 3 yrs = \$100 ☐ Active member LIFETIME \$200 ☐

Applicant Signature: _____ Date: _____
 (If under 18 years old – Parent or Legal Guardian)