



FEDERATION OF ISRAELI MARTIAL ARTS FIMA INSTRUCTOR 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: _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Martial Arts Background (Attach most recent certificates)

Israeli Style #1 _____ Rank: _____ Instructor: YES NO

Instructor _____ Organization: _____

Israeli Style #2 _____ Rank: _____ Instructor: YES NO

Instructor _____ Organization: _____

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

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

Martial Art/Style #3: _____ Rank: _____ Instructor: YES NO

Awards: _____

If this application is for FIMA Instructor (*not Recognition certificate*): Have you completed the required FIMA-sanctioned continuing personal development course/workshop: Yes No

When _____ Instructor : _____

Please submit documentation:

