



# FEDERATION OF ISRAELI MARTIAL ARTS

## FIMA



### 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  
   
(Black Belts or Instructors attach certification)

Martial Art/Style #2: \_\_\_\_\_ Rank: \_\_\_\_\_ Instructor certified: YES NO

Your Instructor name #1: \_\_\_\_\_ Your Instructor name #2: \_\_\_\_\_

School Address: \_\_\_\_\_  
*Street Phone*

\_\_\_\_\_  
*City State Zip Country*

#### Disclaimer and Signature

*Please accept my application for membership in the Federation of Israeli Martial Arts. I certify that my answers are true and complete to the best of my knowledge. I understand that false or misleading information in my application may result in discontinuation of membership. T-shirts included with Lifetime membership.*

I have enclosed my membership dues (select one): 3 yrs \$100  LIFETIME \$200

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