MARTIAL ARTS INTERNATIONAL FEDERATION

MAIF International Headquarters: 1850 Columbia Pike, Ste. # 613, Arlington, VA 22204 USA
TEL: & FAX: 703-920-1590; Website: www.maintlfed.org, Email: info@maintlfed.org

MEMBERSHIP, RANK CERTIFICATION, PROMOTION OR SEMINAR REGISTRATION FORM

Note: This form is to be used by all persons who wish to become MAIF members, to be rank certified, promoted in Martial Arts by the MAIF, or to register for any MAIF seminar. Please complete all blanks and print very clearly to prevent errors. Applications may be mailed to the above address or faxed to the above number.

SECTION ONE – PERSONAL INFORMATION

Name: _____ Date: _____
Address: _____
(Street and Number) (City and State) (Zip Code) (Country)
Birth Date: _____ Age: _____ Present Rank: _____ Gender (circle one): Male / Female
Work Phone: _____ Home Phone: _____
Fax: _____ E-Mail: _____
Club Name: _____
Martial Arts Style: _____ Sensei's Name: _____
Club Address: _____

SECTION TWO – MARTIAL ARTS HISTORY

Must be completed for all Certifications and Promotions

Date You Started:	Day	Month	Year	System		Instructor	Organization
Date 10th Class:					Promoted by:		
Date 9th Class:					Promoted by:		
Date 8th Class:					Promoted by:		
Date 7th Class:					Promoted by:		
Date 6th Class:					Promoted by:		
Date 5th Class:					Promoted by:		
Date 4th Class:					Promoted by:		
Date 3rd Class:					Promoted by:		
Date 2th Class:					Promoted by:		
Date 1st Class:					Promoted by:		
Date 1st Deg.:					Promoted by:		
Date 2nd Deg.:					Promoted by:		
Date 3rd Deg.:					Promoted by:		
Date 4th Deg.:					Promoted by:		
Date 5th Deg.:					Promoted by:		
Date 6th Deg.:					Promoted by:		
Date 7th Deg.:					Promoted by:		
Date 8th Deg.:					Promoted by:		
Date 9th Deg.:					Promoted by:		
Date 10th Deg.:					Promoted by:		

SECTION THREE – MEMBERSHIP, CERTIFICATION AND PROMOTION FEES ENCLOSED

Life Membership: $100.00 for Life Membership of Individuals that are already Life Members with Affiliate Organizations in "Good Standing"**;** or $200 for Life Membership of Individuals that are NOT Life Members with Affiliate Organizations. **MAIF Rank Promotion and Certification**: $15.00 for ALL under black belt ranks; Black Belt Ranks: 1st Degree - $150, 2nd Degree - $175, 3rd Degree - $200, 4th Degree - $225, 5th Degree - $250, 6th Degree - $275, 7th Degree - $300, 8th Degree - $325, 9th Degree - $350, 10th Degree -$375. For Discounted Organization Fees (Affiliates & Partners) reference Individual Membership & Rank Certification Fees, see the "Membership" section on our Website. *NOTE: Photocopy of current rank certificate from a Recognized Martial Arts Organization, your Martial Arts "Bio", a copy of your systems curriculum/rank requirements, and your photo must be submitted with this form for MAIF rank certification*.

(Proof of current membership in a Partner or Affiliate Martial Arts Organization must accompany your application)
5% Processing Fee on All Credit Cards

Please circle one:
Life Membership (with Affiliate Organization) $100.00 USD

Life Membership (Not with Affiliate Organization) $200.00 USD

$ _____

Rank Certification of: _____ in _____ $ _____
(Present Rank) (Martial Arts Style)
Promotion to: _____ in _____ $ _____
(New rank) (Martial Arts Style)

Certified Instructor/ Examiner ($50.00 USD): in _____ $ _____
1st - 3rd Deg. (Martial Arts Style)

Senior Certified Instructor/ Examiner ($75.00 USD) in _____ $ _____
4th - 6th Deg. (Martial Arts Style)

Master Certified Instructor/ Examiner ($100.00 USD) in _____ $ _____
7th - 8th Deg. (Martial Arts Style)

Grand Master Certified Instructor/ Examiner ($100.00) in _____ $ _____
9th - 10th Deg. (Martial Arts Style)

Total Fees Enclosed: $ _____

SECTION FOUR – APPROVAL OF TEACHER OR EXAMINER

I certify that I have examined this MAIF member for promotion to the Martial Arts rank indicated and that they have demonstrated the required techniques, knowledge and qualifications for the rank indicated above:

Signature of Teacher or Examiner: _____

Printed Name, Club Name, and Mailing Address of Teacher: _____

_____

Date Recommended: _____

SECTION FIVE – WHERE YOU DESIRE CERTIFICATES TO BE SENT

Please send certificates to: Individual Member: _____ Sensei: _____

SECTION SIX – PAYMENT INFORMATION

Please make Bank Certified Checks or Money Orders payable to the USMAF

I have enclosed a **Bank Certified Check** or
Money Order payable to the **USMAF** _____

Please charge my: (circle one) **Visa:** **Master Card:** **Card#** _____
Discover **American Express**

Name as it appears on card (please print): _____ **Expiration Date:** _____

Your Signature: _____ **Total Amount Charged:** $ _____

SECTION SEVEN – WAIVER OF LIABILITY

In consideration of being allowed to participate in any way in the Martial Arts International Federation athletics/sports program, and related events and activities, the undersigned:

Agree that the parent(s) or legal guardian(s) will instruct the minor participant that prior to participating, he or she should inspect the facilities and equipment to be used, and if the participant believes anything is unsafe, he or she will immediately advise his or her coach or supervisor of such condition(s) and refuse to participate.

Acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from their own actions, inactions or negligence but the actions, inactions or negligence of others, the rules of play, or the condition of the premises or of any equipment used. Further, that there may be other risks not known to us or not reasonably foreseeable at this time.

Assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death.

Release, waive, discharge and covenant not to sue the Martial Arts International Federation, its officers, its affiliated clubs, regional sports organizations, their respective administrators, directors, agents, coaches, and other employees of the organization, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessees of premises used to conduct the event, all of which are hereinafter referred to as 'releasees' from any and all liability to each of the undersigned, his or her heirs and next of kin for any and all claims, demands, losses or damages on account of injury including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releasee or otherwise.

The undersigned have read the above waiver and release, understand that they have given up substantial rights by signing it and sign it voluntarily.

Parent or Guardian Signature _____ (Relationship) _____ Date _____

Parent or Guardian Signature _____ (Relationship) _____ Date _____

Printed Name of Participant _____ Signature _____ Date _____

Please make as many copies as you need. The MAIF does not ship bulk forms!

SECTION EIGHT – NATIONAL OFFICE ONLY

Date Processed _____ Total Amount Paid _____ Membership Number _____