

MARTIAL ARTS INTERNATIONAL FEDERATION

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

REQUEST FOR VALIDATION OF MARTIAL ARTS RANK

Information

1. Use this form to validate the Martial Arts Rank of a new or prospective member who presently does not have acceptable rank credentials, and although may be technically valid, has no rank card or certificate from a recognized organization as defined by the International Technical Committee of the MAIF.
2. This form is to be submitted with a MAIF Membership Application for all applicants who are not presently members of the Martial Arts International Federation.
3. All entries must be typed or printed clearly. Every section must be completed or the words "not applicable" or "unknown" entered. Forms not properly completed will be returned to recommending official for correction.
4. Fees for validation are as follows: \$25.00 (USD) for all below Black Belt level ranks, and \$150 (USD) beginning at 1st Degree and increasing by \$25 increments per Degree (i.e. 1st Degree, \$150; 2nd Degree, \$175; etc)
5. All recommending officials must be a Certified Instructor / Examiner and a current member of the MAIF.
6. All recommendations for validation to a Belt below Black Belt grade must be signed by a MAIF Black Belt. If the validation is for a Black Belt rank, then the validation must be signed by a MAIF Black Belt at least one rank higher than that of the applicant.
7. Photo copies of the applicants Martial Arts rank certification (if any), a typewritten or clearly printed biography, and photo, should be attached and submitted with this request.
8. Please make all Certified Bank Checks or Money Orders payable to the USMAF and mail to the MAIF International Headquarters at the above address. All Fees to be sent in US Dollars.

Applicant Information

Name: _____ Date: _____
Address: _____
(Street and Number) (City and State) (Zip Code) (Country)
Birth Date: _____ Age: _____
Work Phone: _____ Home Phone: _____
Fax: _____ E-Mail: _____
Club Name: _____ Instructor's Name: _____
Club Address: _____
Martial Arts _____ Age Began Studying: _____
Style: _____
Current Rank _____ Rank Date: _____ Time in Grade: _____

Recommendation for Validation

Recommended for (Rank): _____ Recommended Rank Date _____
Martial Arts Style: _____
This Validation is for:
_____ Existing Martial Arts Rank without Credentials
_____ Best Qualified Martial Arts Rank
_____ Other (Explain)

Additional Endorsements

Comments by Additional Endorsing Official _____

Signature of additional endorsing officials

Printed name, rank, and membership number of official

MAIF Processing

Please send MAIF credentials to (circle one): Instructor/Examiner | Applicant

Reserved for MAIF International Headquarters

Please note that the MAIF does not ship bulk forms