

AMMASA REQUEST FOR MEMBERSHIP

Date:

To: The Board Committee AMMASA - Australian Mixed Martial Arts Sports Association Inc.

RE: REQUEST FOR GRANT OF MEMBERSHIP

I, _____ would like to formally apply to you for consideration for grant of membership with the AMMASA.

Upon completion of the necessary documentations, I am aware that a review will be made by the AMMASA committee members for the approval or rejection of the request for membership. On approval of this request for membership, further requirements will need to be met along with completed AMMASA membership form and fees.

I, hereby enclose the following documentations with this application for your perusal.

- Passport size photo ID
- Martial Art Profile / Curriculum Vitae (CV)

I wish to register for membership as:

- | | | | |
|---|-----------------------------------|----------------------------------|-----------------------------------|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Club | <input type="checkbox"/> Fighter | <input type="checkbox"/> Student |
| <input type="checkbox"/> Representative | <input type="checkbox"/> Promoter | <input type="checkbox"/> Coach | <input type="checkbox"/> Official |

I wish to register for membership representing:

- | | | | |
|-------------------------------------|-------------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> MMA | <input type="checkbox"/> Pankration | <input type="checkbox"/> Grappling | <input type="checkbox"/> Ju-Jitsu |
| <input type="checkbox"/> Kickboxing | <input type="checkbox"/> Vale Tudo | <input type="checkbox"/> Gesliya | <input type="checkbox"/> Jiu-Jitsu |

Yours sincerely,

(applicant's signature)

(applicant's full name)

This Application and all Documents Required in Good Quality Scanned Copies You Can
e-mail to
ausmmasports@gmail.com

Office Use: Approved by AMMASA Board Members YES-[] NO-[]

Signed By:

Date: