



# SMAA

Leading both Classical & Modern Martial Arts into the 21<sup>st</sup> Century

## Membership Application

Please fill out completely and print very clearly to prevent errors

(Do not use this application to register ranks or other certifications)

### Section #1 - Personal Information

<b>NAME</b>	
<b>ADDRESS</b>	
<b>CITY</b>	
<b>STATE</b>	
<b>ZIP CODE</b>	
<b>DOB</b>	
<b>PHONE</b>	
<b>EMAIL</b>	

### Section #2 - Club Information

<b>INSTRUCTOR</b>	
<b>CLUB NAME</b>	
<b>ADDRESS</b>	
<b>CITY</b>	
<b>STATE</b>	
<b>ZIP CODE</b>	
<b>PHONE</b>	
<b>WEBSITE</b>	

### Section #3 - Type of SMAA Membership

(Check one)

<input type="checkbox"/>	<b>Charter (\$250)</b>
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<input type="checkbox"/>	<b>Life (\$59)</b>
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<input type="checkbox"/>	<b>Annual (\$29)</b>
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### Section #4 - Where you desire certificate to be sent

<b>NAME</b>	
<b>ADDRESS</b>	
<b>CITY</b>	
<b>STATE</b>	
<b>ZIP</b>	

### Section #5 - Your certification and signature

Have you ever been convicted of a felony, violent crime, or sex crime?

NO \_\_\_\_\_

YES \_\_\_\_\_

By signing this application, I hereby certify that I have read, understand, and will abide by the SMAA Code of Conduct. I also certify that the information enclosed herein is true and correct, and understand that any false statements or omissions will be grounds for immediate expulsion from the association, loss of all ranks, certifications, and recognitions. Furthermore, I understand that there will be no refunds issued for membership, ranks, or other certifications if I am expelled from the Association for any reason.

Signature of above applicant \_\_\_\_\_ Date \_\_\_\_\_

***Send this application with membership payment to:***

Donn Schucker, SMAA Executive Director  
PO Box 2171  
Florissant, MO  
63032-2171