



SMAA Membership Form

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Please fill out completely and print very clearly to prevent errors.

SECTION #1-TIME IN GRADE REQUIREMENTS FOR PROMOTION IN ALL MARTIAL ARTS

For all ranks below black belt, and for First Degree Black Belt, the required time in grade is two months. For the Black Belt ranks of 2nd through 10th Degree, the time in grade requirement is the same number of years in grade as the number of the rank held. That is, from 2nd to 3rd Degree, the time in grade is two years, 3rd to 4th degree is 3 years, and so on.

SECTION #2-PROMOTION FEES FOR ALL MARTIAL ARTS

IAMA promotion fees for all ranks below Black Belt are \$10 per rank. Promotion to 1st Degree -\$50, 2nd-\$75, 3rd-\$100, 4th-\$125, 5th-\$150, 6th-\$175, 7th-\$200, 8th-\$250, 9th-\$300, 10th-\$400.

SECTION #3-PERSONAL INFORMATION

Name: _____ Date: _____
(First, Middle, Last)

Address: _____
(Street and Number) (City and State) (Zip Code)

Date of Birth: _____ Age: _____ Home Phone: _____ Cell Phone: _____ Fax: _____

E-Mail: _____ Website : _____

Club Name: _____ Club Teacher's Name: _____

Club Address: _____

SECTION #4-MARTIAL ARTS HISTORY (Please complete for all ranks you hold)

PLEASE ENTER THE APPROPRIATE YEAR FOR EACH ART IN THE BLANKS BELOW!!!

For "Other" Martial Arts, please specify exact name of art.

Year Started:	Aikido	Judo	Jujitsu	Karate	Tae Kwon Do	Other	Other	Other
Date 9 th Class:	Aikido	Judo	Jujitsu	Karate	Tae Kwon Do	Other	Other	Other
Date 8 th Class:	Aikido	Judo	Jujitsu	Karate	Tae Kwon Do	Other	Other	Other
Date 7 th Class:	Aikido	Judo	Jujitsu	Karate	Tae Kwon Do	Other	Other	Other
Date 6 th Class:	Aikido	Judo	Jujitsu	Karate	Tae Kwon Do	Other	Other	Other
Date 5 th Class:	Aikido	Judo	Jujitsu	Karate	Tae Kwon Do	Other	Other	Other
Date 4 th Class:	Aikido	Judo	Jujitsu	Karate	Tae Kwon Do	Other	Other	Other
Date 3 rd Class:	Aikido	Judo	Jujitsu	Karate	Tae Kwon Do	Other	Other	Other
Date 2 nd Class:	Aikido	Judo	Jujitsu	Karate	Tae Kwon Do	Other	Other	Other
Date 1 st Class:	Aikido	Judo	Jujitsu	Karate	Tae Kwon Do	Other	Other	Other
Date 1 st Degree:	Aikido	Judo	Jujitsu	Karate	Tae Kwon Do	Other	Other	Other
Date 2 nd Degree:	Aikido	Judo	Jujitsu	Karate	Tae Kwon Do	Other	Other	Other
Date 3 rd Degree:	Aikido	Judo	Jujitsu	Karate	Tae Kwon Do	Other	Other	Other
Date 4 th Degree:	Aikido	Judo	Jujitsu	Karate	Tae Kwon Do	Other	Other	Other
Date 5 th Degree:	Aikido	Judo	Jujitsu	Karate	Tae Kwon Do	Other	Other	Other
Date 6 th Degree:	Aikido	Judo	Jujitsu	Karate	Tae Kwon Do	Other	Other	Other
Date 7 th Degree:	Aikido	Judo	Jujitsu	Karate	Tae Kwon Do	Other	Other	Other
Date 8 th Degree:	Aikido	Judo	Jujitsu	Karate	Tae Kwon Do	Other	Other	Other
Date 9 th Degree:	Aikido	Judo	Jujitsu	Karate	Tae Kwon Do	Other	Other	Other
Date 10 th Degree:	Aikido	Judo	Jujitsu	Karate	Tae Kwon Do	Other	Other	Other

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 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 _____

SECTION #6-MEMBERSHIP (Select one)

One Year membership (\$29) _____ (amt. paid)
Life Membership fee (\$59) _____ (amt. paid)
Charter Membership (minimum \$250) _____ (amt. paid)

**PLEASE PRINT WITH CARE!
YOUR CERTIFICATES WILL READ EXACTLY WHAT YOU PRINT IN THIS SECTION!**

SECTION #7-RANK REGISTRATION (\$10 for all ranks below black belt, \$25 for 1st degree and up)

Registration of _____ in _____ date _____ (amt. paid)
(Present rank) (Martial Art) (date of rank)
Registration of _____ in _____ date _____ (amt. paid)
(Present rank) (Martial Art) (date of rank)
Registration of _____ in _____ date _____ (amt. paid)
(Present rank) (Martial Art) (date of rank)
Registration of _____ in _____ date _____ (amt. paid)
(Present rank) (Martial Art) (date of rank)

SECTION #8-RANK PROMOTION (See other side of form for SMAA promotion fees)

Promotion To _____ in _____ date _____ (amt. paid)
(New rank) (Martial Art) (date of rank)
Promotion To _____ in _____ date _____ (amt. paid)
(New rank) (Martial Art) (date of rank)
Promotion To _____ in _____ date _____ (amt. paid)
(New rank) (Martial Art) (date of rank)

SECTION #9-CERTIFICATION (Contact our Headquarters for minimum requirements for each certification)

Certified Assistant Instructor (\$10) in (print art): _____
Certified Instructor (\$25) in (print art): _____
Certified Senior Instructor (\$50) in (print art): _____
Certified Master Instructor (\$75) in (print art): _____
Certified Senior Master Instructor (\$100) in (print art): _____

Certified Assistant Rank Examiner (\$10) in (print art): _____
Certified Rank Examiner (\$25) in (print art): _____
Certified Senior Examiner (\$50) in (print art): _____
Certified Master Examiner (\$75) in (print art): _____
Certified Senior Master Examiner (\$100) in (print art): _____

Certification as (Circle one) Founder, Grandmaster, Renshi, Kyoshi, Hanshi, Sensei, Sifu, Sabumnim, Guru, or specify if not listed here. (\$25) in (print art): _____

(Please note that we do not award academic titles in relation to the martial arts – e.g.: Dr., Professor, Ph.D., etc.)

Certification as an affiliate club, organization, etc. (\$25) _____

Other (Training Camp, Seminar, etc.) _____

Total Fees _____

SECTION #10-RECOMMENDATION OF CERTIFIED RANK EXAMINER

I certify that I have evaluated this member for the ranks and/or certifications indicated above. I hereby verify that they have demonstrated the required level of competence for SMAA certification, and recommend these credentials be issued.

Signature of Certified Rank Examiner: _____ Date _____

SECTION #11-WHERE YOU DESIRE CERTIFICATES TO BE SENT

Please send certificates to: Individual Member (name, mailing address): _____
Teacher (name, mailing address): _____

SECTION #12-PAYMENT INFORMATION

Please accept total payment of \$ _____ by: Personal Check Money Order Cashier's Check Cash

Please photocopy as many copies of this form as you need.

We do not bulk ship forms!