



S.T.M.A.

伝統武道学校

SCHOOL OF TRADITIONAL MARTIAL ARTS

STMA OFFICIAL REPRESENTATIVE APPLICATION FORM

NAME.....AGE.....
PERMANENT ADDRESS.....
DOJO ADDRESS.....
.....TEL.....
DATE OF BIRTH.....BIRTHPLACE.....
PROFESSION.....
TELEPHONE.....EMAIL.....
AGE WHEN INTRODUCED TO MARTIAL ARTS.....
AVERAGE HOURS PER WEEK OF TRAINING.....
PRESENT RANK.....CERTIFIED BY.....
STYLE/SYSTEM OF ARTS.....
DATE RANK RECEIVED.....NAME OF CLUB.....
NAME OF INSTRUCTOR.....INSTRUCTOR RANK.....
ENCLOSED THE FOLLOWING:
1. COPY OF CURRENT RANK MARTIAL ARTS CERTIFICATE
2. PHOTO ID PICTURE 2 PICS(1"X1") AND ACTION PHOTO (4" X 6")
3. LIFETIME INDIVIDUAL MEMBERSHIP: LIFE TIME CERTIFICATE, CURENT RANK CERTIFICATE,
INSTRUCTOR CERTIFICATE, ID AND OTHER SPECAIL AWARD CERTIFICATES.
4. APPLICATION WILL NOT BE PROCESS IF INCOMPLETE SUBMITION.
SIGNATURE.....DATE.....

FOR OFFICIAL USE ONLY



Approved and Recommended By:

STMA President

SENSEI VARUN JETTLY

TOGKAININDIA23@GMAIL.COM

Note: Without the signature of the director, the membership will be void/not accepted