Saskatchewan Martial Arts Association

Membership Application Form	
DATE:	
CLUB NAME:	-
MAILING ADDRESS:	
PHONE:	POSTAL CODE:
EMAIL ADDRESS:	
How long has the club been operating at this	address:
Length of time club has been in operation:	
MARTIAL ART STYLE(S):	
HEAD INSTRUCTOR:	RANK:
CURRENT NUMBER OF STUDENTS: CERTIFICATION – under what association or individual is the head instructor ranked? (please attach certificate of rank):	
MEMBERSHIP APPLICATION FEE: \$100	
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FOR OFFICE USE:	
Date Received	SMAA Administration Approval