



Trinidad & Tobago Unified Martial Arts Federation (TTUMAF)

Individual Membership Form

\$300.00 TTD for 2 years membership

Applicant Information			
Full Name of Individual:			
Name of Association			
Date of Birth (dd/mm/yyyy):		Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	
Mailing Address:			
Telephone Number	Mobile:	Home:	Work:
Email Address:			
Nationality:		National ID /Passport Number:	

Martial Arts Background
Martial Arts Style(s) practiced:
Current Rank or Title:
Years or Months of Experience:
Name of Grandmaster/ Master/ Sensei of the Association:
Do you currently hold membership with other federations or organizations? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please specify:
Reason for joining TTUMAF Please briefly state your reason for seeking membership and what you hope to gain or contribute:

Declaration	
I, the undersigned, hereby declare that the information provided is true and accurate. I agree to uphold the values, ethics, and the regulations of the Trinidad & Tobago Unified Martial Arts Federation.	
Signature:	Date:

For TTUMAF Use Only		
Date received:	Application #:	Approved <input type="checkbox"/> Declined <input type="checkbox"/>
Date of Approval	Membership ID:	
Authorized Signature:		