



# World Combat Arts Federation

PO Box 6240  
Ellicott City, Maryland 21042  
(410) 262-2333

www.thewcaf.com

## OFFICIAL MEMBERSHIP APPLICATION

*(Please Print Clearly)*

Full Name: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_  
(mm/dd/yy)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Country: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: (      ) \_\_\_\_\_

Occupation: \_\_\_\_\_

### MARTIAL ARTS HISTORY

*(Use Back Of Form If Needed)*

YOUR PRESENT RANK	STYLE / SYSTEM	INSTRUCTOR'S NAME

### MARTIAL ARTS ASSOCIATIONS

*(Use Back Of Form If Needed)*

ASSOCIATION NAME	TITLE/POSITION (if applicable)

How Long Have You Been Training In The Martial Arts? \_\_\_\_\_

### ***Check The Membership Type You Are Applying For:***

<input type="checkbox"/> Member (\$50 U.S.)  <i>Note:</i> Please Include Photocopies Of All Of Your Current Rank Certificates. Please Include Two (2) Passport Sized Photos.	<input type="checkbox"/> School Charter (\$500 U.S.)  Name: _____ Address: _____ Phone: _____ Website: _____
--	---

***Make Check Or Money Order Payable To:***  
WCAF