

# Madison Martial Arts Academy

P.O. Box 2015, Richmond, Kentucky. 40476

---



## Application For Representative

Name: \_\_\_\_\_

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

State: \_\_\_\_\_

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

Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Web Site: \_\_\_\_\_

D.O.B.: \_\_\_\_\_

Last Four Numbers S.S. # (US Only) \_\_\_\_\_

Date: \_\_\_\_\_

---

---

We the undersigned do understand that Membership in the (M.M.A.A) Madison Martial Arts Academy can result in physical injury and do release M.M.A.A and all its Officers, Members, Students, any Sensei, Masters, from all liability that may result in my participation in Membership. We the undersigned, understand, and will abide by all rules, and laws, of the Madison Martial Arts Academy. As a **Representative of the M.M.A.A.** I will act with honor and respect to myself and the M.M.A.A.

**1st Degree Black Belt** (Sho-Dan) or Equaling Certificate, This Certificate **must**

**Accompany** This Application

Month: \_\_\_\_\_, Day: \_\_\_\_\_, Year: \_\_\_\_\_ Of Above Rank

This Application..

---

Member Signature

---

**Madison Martial Arts Academy (Officer)**

---

**Madison Martial Arts Academy (Master)**

Date: \_\_\_\_\_ Month Day \_\_\_\_\_, Year \_\_\_\_\_