



**H.Q. USE ONLY**  
MEMBERSHIP NO. \_\_\_\_\_

## Application for Membership International Federation of Mixed Martial Arts

Name: \_\_\_\_\_ Male  
 (Please Print) LAST FIRST INITIAL Female  
 Address \_\_\_\_\_  
 STREET CITY STATE ZIP  
 Telephone Number ( ) \_\_\_\_\_ Date of Birth / /  
 MONTH DAY YEAR  
 Email: \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

### COLORBELT APPLICATION

CENTER NAME \_\_\_\_\_  
 CENTER ADDRESS \_\_\_\_\_  
 INSTRUCTOR'S NAME \_\_\_\_\_  
 DATE STUDIES BEGAN \_\_\_\_\_

### BLACKBELT APPLICATION

CENTER NAME \_\_\_\_\_  
 CENTER ADDRESS \_\_\_\_\_  
 INSTRUCTOR'S NAME \_\_\_\_\_  
 DATE STUDIES BEGAN \_\_\_\_\_ CURRENT RANK \_\_\_\_\_ th GRADE  
 BLACKBELT NUMBER \_\_\_\_\_  
 INSTRUCTOR WHO TESTED YOU FOR 1ST BLACKBELT \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 ARE YOU CURRENTLY ACTIVE \_\_\_\_\_  
 ARE YOU CURRENTLY INSTRUCTING \_\_\_\_\_  
 IF YES, WHERE \_\_\_\_\_

I understand that upon my acceptance as a member in the International Federation of Mixed Martial Arts, I will do my utmost to bring honor and esteem to the organization, the art, myself and my family.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's Signature If Under 18 Years Old \_\_\_\_\_ Date \_\_\_\_\_

COLORBELT PROMO RECORD		
RANK	DATE	INST.
10th		
9th		
8th		
7th		
6th		
5th		
4th		
3rd		
2nd		
1st		

Fee enclosed \$ \_\_\_\_\_  
**\$50.00 per year. Make check  
 or money order payable to:  
 International Federation of  
 Mixed Martial Arts.**  
**MAIL APPLICATION TO:  
 IFMMA HEADQUARTERS  
 MASTER BRIAN GATES  
 715 5TH AVENUE  
 PATTON, PA 16668 USA**

BLACKBELT PROMO RECORD		
RANK	DATE	INST.
1st		
2nd		
3rd		
4th		
5th		
6th		
7th		
8th		
9th		