

M.A.S.M.A.L

MID ATLANTIC SPORT MARTIAL ARTS LEAGUE

2009 MEMBERSHIP APPLICATION

PLEASE TYPE OR PRINT INFORMATION

COMPETITOR NAME (Last, First, Middle)

Age

SEX

M F

ADDRESS (Street, City, State, Zip)

PHONE

FAX

EMAIL

CURRENT RANK (Belt Color)

DATE OF BIRTH (MM/DD/YY)

ARE YOU A CURRENT M.A.S.M.A.L MEMBER?

YES NO

School Information

INSTRUCTOR'S NAME

SCHOOL

ADDRESS (Street, City, State, Zip)

PHONE

FAX

EMAIL

Division Ratings

FORMS ()

SPARRING

WEAPONS ()

OTHER ()

Fee must be paid to be listed on the M.A.S.M.A.L. calendar

Method of Payment

CHECK

Check #

Amount Enclosed \$

CREDIT CARD

Visa MasterCard Discover American Express

Card # _____ Exp Date _____

Name on Card

Amount Charged \$

Cost of Membership: \$55/year. Please make out check to MASMAL and send payments to:

Mid Atlantic Sport Martial Arts League
7060 Oakland Mills Road Suite B
Columbia, MD 21046

Revised: 03.11.09