

# MASMAL

Mass America Sport Martial Arts League

## 2010 MEMBERSHIP APPLICATION

PLEASE TYPE OR PRINT INFORMATION

COMPETITOR'S NAME ( <i>Last, First, Middle</i> )	Age	SEX <input type="checkbox"/> M <input type="checkbox"/> F
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ADDRESS (*Street, City, State, Zip*)

PHONE	FAX	EMAIL
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CURRENT RANK ( <i>Belt Color</i> )	BIRTHDAY
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ARE YOU A CURRENT M.A.S.M.A.L MEMBER?  YES  NO

**School Information**

INSTRUCTOR'S NAME	SCHOOL
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ADDRESS (*Street, City, State, Zip*)

PHONE	FAX	EMAIL
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**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**

<input type="checkbox"/> CHECK	Check #	Amount Enclosed \$
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<input type="checkbox"/> CREDIT CARD	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> American Express
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Card # \_\_\_\_\_ Exp Date \_\_\_\_\_

Name on Card	Amount Charged \$
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Cost of Membership: \$65/year. Please make out check to MASMAL and send payments to:

Mass America Sport Martial Arts League  
7185 Columbia Gateway Drive suite i  
Columbia, MD 21046

Revised: 02.05.10