



# MEMBERSHIP APPLICATION



APPLICATION MUST BE ACCOMPANIED WITH A SIGNED CODE OF ETHICS

## School information

School name: \_\_\_\_\_

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

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

Instructor name: \_\_\_\_\_ Rank: \_\_\_\_\_

Style/System of martial arts: \_\_\_\_\_

## Applicant's information

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

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

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

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ (If under 18 a guardian signature is needed)

Occupation: \_\_\_\_\_  Single  Married

## Martial Arts background (list any training and current rank)

System: \_\_\_\_\_ Rank: \_\_\_\_\_

System: \_\_\_\_\_ Rank: \_\_\_\_\_

☉ If more room is needed, please list on a separate sheet of paper.

\_\_\_\_\_  
APPLICANT SIGNATURE (OR GUARDIAN IF UNDER 18 YRS OLD) Date: \_\_\_\_\_

*“The Whipping Willow Association maintains the right to decline any application it deems non- suitable to the harmony and continuity of the organization.”*

## For office use only (applicant please do not fill out anything below)

Date rec'd: \_\_\_\_\_ Dues paid  Yes  No Amount paid: \$ \_\_\_\_\_

Member Kits Date mailed: \_\_\_\_\_  Home  School (location mailed to)

Card  Patch  Welcome letter  Code of Ethics