

Membership Application

| Name: | _ |
|---|---|
| Address: | _ |
| City: | - |
| Date of Birth: | _ |
| Email: | _ |
| Website if any: | _ |
| Phone: | _ |
| Rank: | - |
| System or Style (s): | |
| Instructor (s): | |
| Other Training: | |
| How did you hear about the DANNY LANE FIGHTING SYST | TEM and the WORLD MARTIAL ARTS FEDERATION? |
| Brief Personal Bio and Other Comments: | |
| | |
| | 0 and due when you sign up and on January 1 st each year after. You onal monitoring, training handouts and links to training videos and Grayson, KY 41143 or pay online at |
| Approved | |
| Declined: | |
| President's | |
| Comments: | |