



# THE EDUCATIONAL MARTIAL ARTS SYSTEM, INC.

"A NON-PROFIT CORPORATION FOR THE FURTHER ENHANCEMENT OF THE ARTS."

International Headquarters

12285B World Trade Drive, San Diego, CA 92128

Phone: (858) 487-6406 Fax: (858) 673-4137

Email: membership@temas.org Website: www.temas.org

## APPLICATION FOR MEMBERSHIP

**APPLICATION INFORMATION:** Country: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

Address Street: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Current Rank: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Education: School: \_\_\_\_\_ Occupation: \_\_\_\_\_

Previous Experience: NO \_\_\_ YES \_\_\_ If yes, \_\_\_\_\_

I am applying for membership in The Educational Martial Arts System, Inc. and shall respect and obey all Rules and Codes. Rules and Codes available online at [www.temas.org](http://www.temas.org)

- \$25 Grade (Non Black Belt) Membership  
Lifetime Non Black Belt training membership.
- \$15 Annual Black Belt Membership  
At signup and renewable annually by each January 31.
- \$250 Lifetime Gold Black Belt Membership  
Gold Membership Certificate and Black Belt Handbook.

Applicant: \_\_\_\_\_

Guardian: \_\_\_\_\_  
If the applicant is under 18 years of age.

Date: \_\_\_/\_\_\_/\_\_\_

ALL APPLICANTS WILL RECEIVE A CURRENT "MEMBER'S HANDBOOK", TEMAS PATCH AND I.D. CARD. If approved, Grade membership will automatically terminate when applicant achieves Black Belt, or if member stops training at an accredited studio of The Educational Martial Arts System for a period of more than one (2) years. Black Belt members shall renew every year by eft or at [www.temas.org/mem/blackbeltdues.html](http://www.temas.org/mem/blackbeltdues.html) by January 31 of each year. Black Belt memberships subject to verification of rank and grade.

**STUDIO RECOMENDATION:** Country: \_\_\_\_\_ Student's Studio No: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Instructor's Name: \_\_\_\_\_ Instructor's Rank: \_\_\_\_\_

I herby recomend the above named applicant for membership in The Educational Martial Arts System, Inc.

**- TEMAS OFFICE - OFFICIAL USE ONLY -**

Membership No: \_\_\_\_\_ Region: \_\_\_\_\_

Issue Date : \_\_\_/\_\_\_/\_\_\_

Renew Date: \_\_\_/\_\_\_/\_\_\_ Entered by \_\_\_\_\_

Chief Instructor's Signature

Date