



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



\$25 Grade (Non Black Belt) Membership
Non Black Belt training membership paid at sign up.



\$300 **Lifetime Gold Membership** (All Ranks)
Gold Lifetime Membership Uniform Patch, Clinic and Championship discounts, international recognition.....



\$25 Annual One Year Black Belt Membership
Annual renewal due January 15 of each calendar year.



\$20 Reoccurring Annual Black Belt Membership
Signed up online with automatic annual renewal.

Applicant: _____

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

Date: ___/___/___

ALL APPLICANTS WILL RECEIVE A CURRENT "MEMBER'S HANDBOOK", TEMAS PATCH AND ID 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 two (2) years. Black Belt members shall renew every year by methods above by January 15 of each year, this may be done online at www.temas.org. Black Belt memberships subject to verification of rank and grade. Gold Lifetime Memberships are non transferable and non refundable for any reason.

STUDIO RECOMMENDATION:

Country: _____ Student's Studio No: _____

Name: _____ Date of Birth: ___/___/___

Address: _____ City: _____ State: _____ Zip Code: _____

Instructor's Name: _____ Instructor's Rank: _____

I hereby recommend 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