



2019 Membership Registration

\$40.00 Membership Fee

Date: _____

Name: _____ **Age:** _____ **Sex:** M or F **Date of Birth:** ___/___/___

Address: _____

Phone #: _____ **E-Mail:** _____

Belt Rank: Novice – Intermediate – Advanced – Black Belt

Divisions to be Ranked: (circle all that apply) Weapons - Forms - Sparring -

Martial Arts School: _____ **Instructor:** _____

Payment Type: Cash – Check (# _____)

***All Members who sign up by January 1st are eligible to claim participant points for tournaments attended but not placed at. ***

All Checks to the order of and Mail To:

Twin State Martial Arts Association

5105 Route 100

Londonderry, VT 05148