

Membership Proposal Form

Application for (please tick):	Individual membership:		Group/Club membership:	
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Name of Group/Establishment/Club:			
Address of where the Martial Art is practised:			
Date of when the Group was established:			
Martial Art/s:		Style/System:	
Body work e.g. Shiatsu, Osteopathy etc.		Length of Practice:	

The Group is a Registered Charity:	Yes	No	Non Profit Organisation:	Yes	No	Limited Company:	Yes	No

Martial Arts History of the applicant			
<i>Please ensure that you give details of all Martial Arts History that is appropriate to your membership proposal, please provide photocopies of licence books if appropriate or attach a separate sheet to illustrate the details as illustrated below.</i>			
Grade/Level	Date awarded	Teacher/Examiner	Organisation/ Association

Head Instructor/Teacher/Sensei		Group Secretary	
Name:		Name	
Address:		Address	
Postcode:		Postcode	
Telephone number Work:		Telephone number Work	
Occupation:		Occupation	
Mobile:		Mobile	
E mail:		E mail	

Criminal History of the Chairperson: Have you ever been charged or convicted with any crime of violence? No

Yes <input type="checkbox"/> Details:

Declaration:
I declare that the above information is true and correct, and acknowledge that the Association of Classical Martial Arts will carry out the necessary checks to process my application.

Signature:
Date:

Please sign/date your form and send it by post to:

ACMA, 2 Gower Place, Fleming Road, Chafford Hundred, Essex RM16 6YN