



Member Registration Form

Name: _____
Last First Middle Initial

Address: _____
Street Apt. #
City State Zip Code

Phone Number: _____ Cell Number: _____

Email: _____ Birth Date: _____
Month Day Year

Rank: _____ Style of Martial Arts: _____

School: _____ Instructor: _____

School Address: _____
Street Apt. #
City State Zip Code

Joining to Become: A Competitor A Judge Member At Large Staff Member

Medical Conditions: _____

Special Conditions: _____

Payment Received: \$35.00 Cash Check

Membership Begins: January 1, 2010 Membership Renews On: January 1, 2011

Signature of Individual: _____ Date: _____

Signature of Parent or Guardian: _____ Date: _____

Signature of SMAA Agent: _____ Date: _____

Mail Member Registration Form to:

SMAA Registration
15640 Graham Street
Huntington Beach, CA 92649