



UNITED STATES MUAY THAI ASSOCIATION

Official governing organization for American Muay Thai

Official member of the World Muay Thai Council, Amateur Muay Thai Association of Thailand

National Office: Suite 1K, 6535 Broadway, New York, New York. 10471



AFFILIATE MEMBERSHIP APPLICATION

PLEASE PRINT IN BLOCK CAPITALS

AGREEMENT made between the United States Muay Thai Association, and the below named,

Mr./Mrs./Ms. _____

Address _____

City _____ State _____ Zipcode _____

Tel(home): Email: Fax:

[MARTIAL ART EXPERIENCE (if any)]

School name: _____

Instructor: _____

Rank/Grade or Title (if any): _____ Years Exp: _____

Do you belong to an association? _____

Do you have any Muay Thai Judges or Referees experience? YES [] NO []

I have read the information and have agreed to be officially registered as a member of the United States Muay Thai Association (hereinafter called "USMTA"). I agree to abide by the Rules and Regulations of the USMTA who are certified and recognized in accordance of the charter of the WMTC. Do understand that the USMTA and its Officials are the Official American Representatives of the (WMTC) World Muay Thai Council, (AMTAT) Amateur Muay Thai Association of Thailand and (IFMA) International Federation of Muay Associations of Bangkok, Thailand, under the recognition of the Sports Organisation of Thailand. Do understand that if I wish to become a competitor in Muay Thai that I must license myself as either an Amateur or as a Professional with the USMTA and that I must also be licensed by my State Commission. As a USMTA member, I have promised to uphold the true spirit of Muay Thai its rituals and ceremonies. Will act in accordance with the USMTA, for my country and its representation of the World Muay Thai Council. Do understand that any falsifying, or misrepresentation of all documents, logos and emblems which belong to and are Copywritten by the USMTA, or any conduct that would discredit the USMTA, my fellow members or the USA, could result in the termination of my membership from the USMTA. Do agree to pay the Annual Fee.

Title: _____ Signature: _____

C form

Official use only

USMTA Official: Date:

Annual Membership Fee:

MEMBERSHIP No.: