



H.Q. USE ONLY  
MEMBERSHIP NO. \_\_\_\_\_

Application for Membership  
*International Federation of Mixed Martial Arts*

Name: \_\_\_\_\_ Male  
(Please Print) LAST FIRST INITIAL Female

Address \_\_\_\_\_  
STREET CITY STATE ZIP

Telephone Number ( ) \_\_\_\_\_ Date of Birth / /  
MONTH DAY YEAR

Email: \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

**COLORBELT APPLICATION**

CENTER NAME \_\_\_\_\_  
CENTER ADDRESS \_\_\_\_\_  
INSTRUCTORS NAME \_\_\_\_\_  
DATE STUDIES BEGAN \_\_\_\_\_

**BLACKBELT APPLICATION**

CENTER NAME \_\_\_\_\_  
CENTER ADDRESS \_\_\_\_\_  
INSTRUCTORS NAME \_\_\_\_\_  
DATE STUDIES BEGAN \_\_\_\_\_ CURRENT RANK \_\_\_\_\_ DEGREE \_\_\_\_\_  
BLACKBELT NUMBER \_\_\_\_\_  
INSTRUCTOR WHO TESTED YOU FOR 1ST BLACKBELT \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
ARE YOU CURRENTLY ACTIVE \_\_\_\_\_  
ARE YOU CURRENTLY INSTRUCTING \_\_\_\_\_  
IF YES WHERE \_\_\_\_\_

I understand that upon my acceptance as a member in the International Federation of Mixed Martial Arts, I will do my utmost to bring honor and esteem to the organization, the art, myself and my family.

Applicants Signature \_\_\_\_\_ Date \_\_\_\_\_  
Parents Signature if Under 18 Years Old \_\_\_\_\_ Date \_\_\_\_\_

COLORBELT PROMO RECORD		
RANK	DATE	INST.
10th		
9th		
8th		
7th		
6th		
5th		
4th		
3rd		
2nd		
1st		

Fee enclosed \$ \_\_\_\_\_  
\$50.00 per year. Check or  
money order payable to:  
International Federation of  
Mixed Martial Arts.

MAIL APPLICATION TO:  
IFMMA HEADQUARTERS  
MASTER BRIAN GATES  
715 5TH AVE  
PATTON, PA 16668 USA

BLACKBELT PROMO RECORD		
RANK	DATE	INST.
1st		
2nd		
3rd		
4th		
5th		
6th		
7th		
8th		
9th		