

New Zealand Martial Arts Institute
Incorporated
Membership Application Form



All Information is treated as private and confidential

Applicant name:			
Date of Application:			
Applicant Postal Address:			
Physical Address:			
Contact Details:		Mobile Phone:	
Landline:		Email Address:	
Current Grade		Certificate Attached	Yes/No
Issuing Authority:			
Date and place issued:			
Authority contact details:			
Issuing Instructor:			
Instructor contact details			
Alternative Referee if necessary (Why?)			
Other supporting Verification/information (Attach if necessary)			
Is Authority/Instructor/ Referee regarded as Bona fide? Comments:			
Date interviewed:		Fees Paid:	Yes/No
Regional Director Name		Interview Location:	
Police/Criminal Check done	Yes/No	Evidence Attached:	Yes/No
Comments about Police Check (if any)			
Other Investigations made. EG martial arts community			
Does applicant run a club?	Yes/No		
Details of club?			
Applicant Signature & Date		Date:	
By signing this form the applicant gives the NZMAI permission to fully investigate the validity of martial arts training and related qualifications and criminal record (if any) the applicant may have.			
Regional Director Comments			
Regional Director Approval			
If approval declined, does applicant request NZMAI to assist in providing a grading or ratification process?			
Board of Director Comments			
Board of Director Approval			
Documents filed	Yes/No	Website updated	Yes/No