



# THE EDUCATIONAL MARTIAL ARTS SYSTEM, INC.

"A NON-PROFIT CORPORATION FOR THE FURTHER ENHANCEMENT OF THE ARTS."

International Headquarters

12285B World Trade Drive, San Diego, CA 92128

Phone: (858) 487-6406 Fax: (858) 673-4137

Email: membership@temas.org Website: www.temas.org

## APPLICATION FOR MEMBERSHIP

### APPLICATION INFORMATION:

Country: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

Address Street: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Current Rank: \_\_\_\_\_

Education: School: \_\_\_\_\_ Occupation: \_\_\_\_\_

Previous Experience: NO \_\_\_\_\_ YES \_\_\_\_\_ If yes, \_\_\_\_\_

I am applying for membership in The Educational Martial Arts System, Inc., and shall respect and obey all Rules and Codes. Rules and Codes available online at [www.temas.org](http://www.temas.org)



\$25 Grade (Non Black Belt) Membership  
Non Black Belt training membership.

\$25 Annual Black Belt Membership  
At sign up and renewable annual by each January 15.



\$500 Gold Lifetime Membership  
Gold Lifetime Membership Uniform Patch and ID Card.

Applicant: \_\_\_\_\_

Guardian: \_\_\_\_\_  
If the applicant is under 18 years of age.

Date: \_\_\_/\_\_\_/\_\_\_

ALL APPLICANTS WILL RECEIVE A CURRENT "MEMBER'S HANDBOOK", AND TEMAS PATCH.

If approved, Grade membership will automatically terminate when applicant achieves Black Belt, or if member stops training at an Accredited Studio of The Educational Martial Arts System\*. Black Belt members shall renew every year by electronic fund transfer by January 15 of each year, this may be done online at [www.temas.org](http://www.temas.org). Black Belt memberships subject to verification of rank and grade. Gold Lifetime Memberships are non transferable and non refundable for any reason.

### STUDIO RECOMMENDATION:

Country: \_\_\_\_\_ Student's Studio No: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Instructor's Name: \_\_\_\_\_ Instructor's Rank: \_\_\_\_\_

I hereby recommend the above named applicant for membership in The Educational Martial Arts System, Inc.

#### - TEMAS OFFICE - OFFICIAL USE ONLY -

Membership No: \_\_\_\_\_ Region: \_\_\_\_\_

Issue Date : \_\_\_/\_\_\_/\_\_\_

Renew Date: \_\_\_/\_\_\_/\_\_\_ Entered by \_\_\_\_\_

Chief Instructor's Signature

Date

\*A current TEMAS Studio Licence is required to be An Accredited Studio of The Educational Martial Arts System. Please report any violations to above address.