

ACTION INTERNATIONAL MARTIAL ARTS ASSOCIATION

국 제 무 도 협 회

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Grandmaster Hee Il Cho
President & Founder of AIMAA
 9th Degree Black Belt

www.aimaa.com

APPLICATION FOR ASSOCIATE/CHARTER MEMBERSHIP

Personal Information

(PHOTO)	Name: _____ <small>(First) (Middle Initial) (Last)</small>
	Mailing Address: _____ <small>(No./Street) (District/Village)</small>
	<small>(Town/City) (State) (Country) (Postal/Zip Code)</small>
	Telephone: (_____) (_____) (_____) (_____) _____ <small>(Home/Cell) (Business)</small>
	Occupation: _____ Marital Status: Single <input type="checkbox"/> Married <input type="checkbox"/>
	Associate Member (\$99) <input type="checkbox"/> Date of Birth: ____/____/____ <small>(Month, Day, Year)</small>
	Charter Member (\$500) <input type="checkbox"/>
	Branch School (\$250) <input type="checkbox"/>

Martial Arts Background and Information

Martial Art School/Club Name: _____
(Will appear on your AIMAA Charter)

School Address: _____

School Telephone: (_____) _____ **Email:** _____

School Business Hours: _____ **Your Position:** _____

School Size: Training Area _____ # of Students/Members _____ # of Years in Business _____

Present Rank: _____ **In:** _____
(Name of System, Style or Branch)

Other Rank (If any): _____ **In:** _____
(Name of System, Style or Branch)

Do You Own a Martial Arts School? : Yes No

School Name: _____ School Location: _____

Are you Affiliated With Any Association At Present? : Yes No

Name of Association: _____ Start: ____/____/____ End: ____/____/____

(Charter Members ONLY) Receive ONE FREE VIDEO Please send me: _____

To Grandmaster Hee Il Cho, President of AIMAA

I hereby submit my application, along here with my membership fee of \$99 (Associate Member), \$500 (Charter Member), \$250 (Branch School) and a copy of my black belt certificate, for your consideration to become an affiliate and instructor member of AIMAA. I understand that AIMAA reserves the right to cancel the affiliation and any membership should I misuse the affiliation or behave in the manner that is against the rules or principles of the association. In addition, I understand that there is absolutely NO REFUND unless my application is denied, only.

Applicant Signature: _____ **Date:** _____