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E-mail: WorldHeadofFamily@gmail.com

ASSOCIATE MEMBERSHIP APPLICATION

Date: _____

This is to certify that I, _____, am a current practitioner of the martial art system of _____ holding the rank of _____ and that my particulars are as follows:

Instructor's name (if applicable): _____ Rank: _____
Martial arts style: _____
School name: _____
Location: _____
Your time in the arts: _____
E-mail: _____ Ph : _____ Fax: _____
Address: _____

Instructor's signature (if applicable) _____

With the submittal of this application I hereby warrant that all of the above information is true and correct; and that I hereby make application for membership in the General Membership Division of the World Head of Family Sokeship Council. Enclosed is my one time membership fee of \$35.00 made payable to the World Head of Family Sokeship Council along with a copy of my current rank certificate and photo. Any false information entered on this form will also be cause for immediate forfeiture of membership.

Note: applicant must be a practitioner of a legitimate recognized martial art style to apply.

Please submit this completed application along with a copy of your current rank certificate and picture to General Membership Director: Shihan Chris Marquez for approval. His contact information is as follows:

Sensei Chris Marquez
9274 Oak View Ln. E.,
Jacksonville, FL. 32225

Ph. 904-437-6974
Marquezsjr@comcast.net

Once acceptance is given, you can submit your \$35.00 membership payment through PayPal to <https://www.paypal.me/whfscouncil> or via mail made out to the "World Head of Family Sokeship Council" to: WHFSC, P.O. Box 8395, Jacksonville, FL. USA 32239-8395. Please allow 2 to 3 weeks for receipt of your membership certificate and card. If you wish to also receive our WHFSC bi-monthly newsletters, please also include an e-mail address above when filling out your information. Thank you for your application.