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Florida, NY

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Montreal, Canada

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New York, NY

MEMBERSHIP APPLICATION:

Mail with check or money order payable to
AMERICAN SAMBO, LLC.

Name of school or individual seeking membership:

If you are an individual or school owner seeking enrollment:

Date of birth? _____

Occupation? _____

If you are enrolling a school:

Do you plan to enroll more than one school? yes no

If yes, how many?

Which will be the primary school?

Do you teach children? yes no

Adults?

yes no

Who is the owner/chief instructor?

All Applicants:

Mailing Address:

Phone Number:

E-mail:

Web Address:

Why are you seeking American Sambo Association membership?

What type of membership are you applying for?

Check all that apply

- Professional School (Sambo schools only) \$200.00
- Additional professional schools _____ @ \$75.00 per school
- Affiliate school \$125.00
- Additional affiliate schools _____ @ \$50.00 per school
- Affiliate individual \$50.00

TOTAL FEE: (In USD)

Please describe your martial arts experience and/or the orientation of your school (use the reverse of this page)

Please provide three references to ensure you are a member in good standing of the martial arts community (name, phone number, and e-mail):

- 1)
- 2)
- 3)