



2024 Membership Registration

\$30.00 Membership Fee

Date: _____

Name: _____ **Age:** ____ **Gender:** M or F **Birth Date:** ___/___/___

Address: _____

Phone #: _____ **E-Mail:** _____

Belt Rank: Novice – Intermediate – Advanced – Black Belt

Divisions to be Ranked: (circle all that apply) Weapons - Forms - Sparring - Position Grappling

Martial Arts School: _____ **Payment Type:** Cash – Check (# _____)



whistle Kick Alliance member (\$10 off) _____

***All Members who sign up by January 1st are eligible to claim participant points for tournaments attended but not placed at. ***

All Checks to the order of and Mail To:

Twin State Martial Arts Association- 5105 Route 100 Londonderry, VT 05148