



# International Modern Arnis Federation, LLC

## Remy Presas' Modern Arnis

IMAF, LLC 12 Cherokee Court, Cromwell, CT 06416, USA - Telephone (734) 635-0887 - [www.MastersOfTapiTapi.com](http://www.MastersOfTapiTapi.com)

### School Membership Application Form

**MEMBERSHIP TYPE\***

**NEW SCHOOL APPLICATION** – \$200 (first year of membership only)

**RENEWAL APPLICATION** – \$150 (per year)

**SCHOOL OWNER or OPERATOR**

**Registrant's Name:** \_\_\_\_\_  
Please print **BLOCK** letters (First Name) (Last Name)

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_  
(Street #) (Street Name) (Apt #)

**State/Province:** \_\_\_\_\_ **Zip/Postal Code:** \_\_\_\_\_ **Country:** \_\_\_\_\_

**Phone # (business):** \_\_\_\_\_ **Phone # (mobile):** \_\_\_\_\_  
(Area Code) (Local #) (Area Code) (Local #)

**E-mail:** \_\_\_\_\_

**SCHOOL INFORMATION**

**Legal Business Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_  
(Street #) (Street Name) (Apt #)

**State/Province:** \_\_\_\_\_ **Zip/Postal Code:** \_\_\_\_\_ **Country:** \_\_\_\_\_

**Phone # (business):** \_\_\_\_\_ **Website:** \_\_\_\_\_  
(Area Code) (Local #)

**E-mail:** \_\_\_\_\_

**MEMBER CLUB STATISTICS** (please provide accurate numbers for the current year, optional)

<b>Do you currently implement an arnis program?</b>	<b>YES</b>	<b>NO</b>	<b>If so, how often per week?</b>	1/wk	2-3/wk	>3/wk
<b>If so, which style(s)?</b>						
<b>What other style(s) of martial arts are taught?</b>						
<b>How many students are enrolled at your club?</b>			<b>How many instructors?</b>			
<b>Does your school have multiple locations?</b>	<b>YES</b>	<b>NO</b>	<b>If so, how many?</b>	2	3-4	>4

