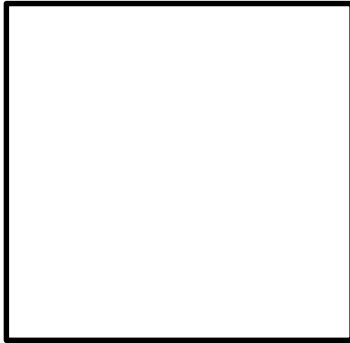


Arnis Association International Inc.

DAGOOC ARNIS SYSTEM



Application for Full Senior Membership



CHAPTER: _____

DATE COMMENCING TRAINING: / /

SURNAME: _____

GIVEN NAME: _____

ADDRESS: _____

_____ P/CODE: _____

TELEPHONE (PRIVATE) _____ DATE OF BIRTH: _____

EMAIL ACCOUNT: _____ OCCUPATION: _____

PREVIOUS MARTIAL ARTS: _____ GRADE OF ATTAINED: _____

CONTACT IN EMERGENCY: _____

I promise to uphold the true spirit to ARNIS and never to use the skills that I learn against any person or persons, save for the defiance of myself, family or friends, in the instance extreme danger of unprovoked attack or in support of law and order.

I certify that I am in excellent health and acknowledge that during all training times whilst on training premises both my property and person shall be of my own risk and I will not hold the school nor its members liable for any property loss and damage or personal injury.

I, the undersigned, do hereby apply for membership of the Arnis Association international Inc. (AAII)

Signed: _____ (STUDENT) DATE: / /

Signed: _____ (PARENT/GUARDIAN) DATE: / /

(if below 18 years old)



Email Account: smokingsticksph@gmail.com

TRAINING	\$.
MEMBERSHIP	\$.
UNIFORM	\$.
OTHER	\$.
<hr/>		
TOTAL	\$.