

International Modern Arnis Federation (IMAF)
Professor Remy Presas' Modern Arnis

Individual Membership Application Form

Name: _____ Date of Birth: _____

Gender: _____ Ph (H/W/Cell): _____

Fax: _____ Email: _____

Address: _____

Membership Type: New Application _____ Renewal Application _____
Member ID #: _____

IMAF Membership Fee = \$35.00 (Payable to "IMAF, Inc.")

I accept and agree to abide by the IMAF Code of Conduct (Yes/No): _____

Modern Arnis Experience:

Member's Current IMAF Rank: _____

Instructor: _____ School/Club Location: _____

School/Club Address & Phone #: _____

Other Martial Arts Experience (for New Members only):

Style(s), Rank(s), Instructor(s), Location (city, state):

