Date: _____

STUDIO MEMBERSHIP APPLICATION

STUDIO NAME_____

Studio Owner(s) / Head Trainer(s) _____

Address: _____
number street city state country postal code

Studio Tel: (_____)_____ Home Tel: (_____)_____

Studio Fax: (_____)_____ E-mail address: _____

We train: Amateurs / Professionals / Both (please circle one)

We Train Fighters to fight in the following forms of competition: ***(please circle all that apply)***

FULL CONTACT KICKBOXING / FREESTYLE RULES KICKBOXING / ORIENTAL RULES KICKBOXING /

MUAY THAI / SAN SHOU / MIXED MARTIAL ARTS / CONTINUOUS CONTACT FIGHTING / POINT FIGHTING

We have been in business for _____ years.

We have promoted events in the past YES / NO (please circle one)

We are interested in promoting events YES / NO (please circle one)

THREE REFERENCES:

NAME ADDRESS ACCOUNT #

$100 Studio Membership fee to: ISKA 12921 SW 1st Road Suite 107 PMB341, Jonesville, Fl 32669