



# Membership Application

Annual Fee: \$20

Name: \_\_\_\_\_  
First MI. Last

Address: \_\_\_\_\_  
Street

Address: \_\_\_\_\_  
City State Zip

Phone #: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
Day Evening

\_\_\_\_\_ Date of Birth

Martial Art: \_\_\_\_\_  
Style Name Belt Rank

Instructor: \_\_\_\_\_  
Title First Last

School: \_\_\_\_\_  
Name

Address: \_\_\_\_\_  
Street

Address: \_\_\_\_\_  
City State Zip

Phone #: \_\_\_\_\_ Website: \_\_\_\_\_  
Day

Signature: \_\_\_\_\_  
Student ( Parent or Guardian if under 18)

Send Check or Money Order made out to:  
P.M.A.A.  
7700 Sunrise Blvd.  
Suite 2300  
Citrus Heights, California 95610  
Call (916) 725-3200 to Pay by Credit Card

Application Fee is Non-Refundable