



SCHOOL APPLICATION

School Name: _____

School Owner(s) _____

Trainer(s) _____

School Address: _____

Number Street

City

State

Zip Code

School Phone:(_____) _____

Owner Phone:(_____) _____

School Fax:(_____) _____

Email address: _____

School website: _____

Myspace/Facebook: _____

We train: Adult / Kids / All *(please circle all that apply)*

We have been instructing for _____ years.

We train in the following styles: *(please circle all that apply)*

Muay Thai / Brazilian Jiu-Jitsu / Boxing / Wrestling / MMA / Other: _____

Have you ever hosted a boxing / kickboxing / MMA, or any martial arts events? Yes / No

Are you interested in hosting any of the events listed above? Yes / No

Are your instructors interested in becoming AAMMA officials? Yes / No

Have you or any of your instructors ever been charged or convicted of any sex crimes? Yes / No

If yes, this school will be ineligible to register with AAMMA

I attest that the information provided herein, in this application, is true, correct, and accurate to the best of my knowledge. I understand I am responsible for the annual school affiliate membership dues to AAMMA with this application. For more information on the school application fee, contact AAMMA at 850-457-6157 or at AAMMA.info. I agree to follow AAMMA's Corporate Compliance Policy.

Signature of School Owner

Date



American Amateur Mixed Martial Arts

12156 Havburg Dr.
Pensacola, FL 32506
Phone: 850-457-6157
Fax: 850-457-1650
www.aamma.info

Credit Card Authorization

Please fill out the form below and return it with your application via email, fax or mail.

Name on Card: _____	
Billing Address: _____	
City: _____	State: _____ Zip: _____
<input type="checkbox"/> Visa Card	Card Number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="checkbox"/> Mastercard	Expiration Date: ____/____ CCV Code: _____
<input type="checkbox"/> American Express	Amount: \$ _____

I authorize AAMMA to charge my credit/debit card in the amount listed above.

Cardholder's Signature: _____