United World Martial Arts Federation (UWMAF)

MEMBERSHIP APPLICATION (Country)

Full Name of National Federation:

Affiliated to: National Olympic Committee: _____ Or Highest Sports Authority_____

Postal Address:

Physical Address:

President:
Email Address:
Cell Number:
Landline:

Please enclose the list of individuals requiring UWKF individual membership Cards on a separate document attached to this application, which is a cost of FREE per country $25.00 per member. All participating members in ANY UWKF event must have a UWKF membership card. NO card No participation rule applies in all events.

Total number of Clubs affiliated: -

Other information required for our DATABASE

Telephone -	**Fax:**
E-mail:	**Skype address:**
Web page:	
Name of Secretary of National Federation:	
Name of National Chief Referees:	
Name of National Organizing Committee Chairperson:	
Name of National Sports Director	
o **Styles Practiced: Contact _____ Traditional_____ General_____ Koshiki_____ Other_____**	

We hereby confirm that our National Federation confirms acceptance of the UWMAF Constitution, all its Rules and Regulations and will fully abide by all the dictates of the Constitution and Rules and Regulations of the United World Karate Federation (UWKF) at all times and that the appointed/elected President of our National Federation is_____ appointed/elected at our AGM held on _____,. minutes included and the National Federation constitution is in line with the UWMAF Constitution.

Signature of President: _____

Signature of General Secretary:

_____

Date_____ Place_____

Please send all information to uwkfpresident@gmail.com or post to:

United World Martial Federation Headquarters
PO Box 324
Bruma
2026
South Africa

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UWKFHQ Use

Date Received: _____

Constitution Received: - _____

Minutes of Meeting Received: _____

Code of Conduct Received: - _____

Status of membership: - _____

Continental Union Check: - _____

Formats Practiced: - _____

Lifetime Membership No: - _____