



WORLD GROUP OF MARTIAL ARTS FEDERATIONS



Membership Form

Please select anyone of the following option of membership

Federation Organization Association Club/Dojo/Fitness Center Individual

Personal Information

Country: _____ Nationality: _____ Gender: _____

Full Name: _____ Date of Birth: _____

Personal Email address: _____

Personal Contact Number: _____ WhatsApp Number: _____

Home Address with Postal code: _____

Martial Arts Information

Which Federation/Organization/Association/Club Dojo belongs?

Martial Arts Style: _____ Your Current Grade / Rank: _____

Title if any _____ Do you have your own Dojo / School? _____

Website: _____ Dojo Email address: _____

Facebook Page: _____ Facebook ID: _____

Dojo Address with Postal code: _____

We hereby declare and confirm that the information furnished by us are true and membership of our country association/org from world group of Martial Arts Federations is subject to abide by rules/regulations and terms & conditions of WGMF followed by us and our members. We also understand that WGMF has right to cancel the membership any time in case of Federation/Organization/Association, Dojo or any of its office bearer/member found any illegal activity.

Signature and Official Stamp _____

Please attached the following documents along with membership form

- Passport size Photo Photo identity like driving license or passport Current Rank Certificate
- Club or Federation Logo Any International level certificate
- Registration or Affiliation Certificate of Organization/Association/Dojo/Fitness Center

(Please scan all documents on high resolution and send to WGMF by email at info.wgmfg@gmail.com)