

SPARTAN MMA APPLICATION

APPLICANT INFORMATION

Name:		
Date of birth:	Email	Phone:
Current address:		
City:	State:	ZIP Code:

PRIMARY ACTIVITY

Reason For Joining	Conditioning	Self Defense	Competition
Other			
Training Experience		How long?	
Available times to train	Type of Training Required		

EMERGENCY CONTACT

Name of a relative not residing with you:		
Address:		Phone:
City:	State:	ZIP Code:

MEMBERSHIP INFORMATION

Membership Term	6 Month <i>\$100 per Month</i>	One Year <i>\$80 per month</i>
MEMBERSHIP PAYMENT Monthly	How long?	
Amount Received:	Date Paid:	Expiry Date:

Promotional Gifts Received? (if applicable) **YES NO**

"The Member" requests and authorizes Spartan MMA to collect INSTALMENTS BY DIRECT DEBIT.

REFERAL

Name	E-Mail	Phone

SIGNATURES

I authorize the verification of the information provided on this form as to my credit and membership obligations.

Signature of applicant:	Date:
Signature of instructor:	Date: