



MARTIAL ARTS INDUSTRY ASSOCIATION

THE PEAK INDUSTRY BODY FOR MARTIAL ARTS IN AUSTRALIA

CATEGORY 3 - COMMUNITY INSTRUCTOR MEMBERSHIP APPLICATION

CATEGORY THREE (ASSOCIATE) MEMBERSHIP IS OPEN TO ANY MARTIAL ARTS INSTRUCTOR THAT:

- i. DOES NOT HAVE ANY FORM OF BUSINESS REGISTRATION
- ii. TEACHES LESS THAN TWENTY STUDENTS IN TOTAL
- iii. TEACHES FROM HOME OR FOR A RECOGNISED COMMUNITY GROUP

PLEASE PRINT CLEARLY

1. NAME OF MARTIAL ARTS INSTRUCTOR.....

2. POSTAL ADDRESS:

.....postcode:.....

3. TELEPHONE: Work:..... Home:.....

Fax:..... Mobile:

Email:.....

Web Site:.....

4. MARTIAL ART STYLE(S) That you teach :

5. HAS THE APPLICANT OR ANY OF ITS PRINCIPAL MEMBERS EVER BEEN REFUSED MEMBERSHIP OR EXPELLED FROM ANY OTHER MARTIAL ARTS ORGANISATION?

YES NO (If 'YES' please attach details)

6. PLEASE LIST THE ADDRESS AT WHICH YOU TEACH

NAME: (IF COMMUNITY CENTRE).....

ADDRESS:.....postcode:.....

7. The applicant agrees that he/she will be bound by the Martial Arts Industry's Association's 'Code of Conduct'. The applicant agrees and understands that violating this code may result in the rescinding of his/her membership

8. The applicant agrees and understands that the first year of membership is provisional and conditional upon:
- i) The applicant obtaining accreditation under the National Martial Arts Instructor Accreditation Scheme (NMAS)
 - ii) The applicant agrees that he/she may not retain membership in any organisation that is deemed to be an 'unacceptable organisation' by the MAIA and that failure to comply with this condition will result in the canceling of your membership with the MAIA.
 - iii) The applicant agrees that he/she will undertake insurance with the MAIA insurance provider. Exemptions may be provided to this condition in cases where it can be verified that the applicant is provided insurance cover, comparable to the MAIA Policy, by the Community Group they teach for.
9. The applicant agrees to be bound by the Constitution of the Martial Arts Industry Association Limited

THE FOLLOWING ADDITIONAL ATTACHMENTS MUST BE INCLUDED WITH YOUR APPLICATION:

- Details of any insurance by which you are covered.
- A copy of any safety or conduct code under which you operate
- If applicable, a copy of a letter of endorsement from the Community Group that you teach for

Proposed by (Name): MAIA
 Membership No:

SIGNATURE:

Seconded by (Name): MAIA
 Membership No:

The completed form and attachments should be sent with a \$100 membership application fee (fee is fully refundable should membership application be unsuccessful) to:

**National Administrator, MAIA,
 PO Box 134, Kenthurst NSW 2156**

Please note memberships are payable for a four year term, your \$100 application/membership fee will pay for a four- year membership (\$25 per year) as a Community Instructor with the MAIA.

Signature of Applicant:

Date of Application:.....



