



# MARTIAL ARTS INDUSTRY ASSOCIATION

THE PEAK INDUSTRY BODY FOR MARTIAL ARTS IN AUSTRALIA

## CATEGORY 1 - MEMBERSHIP APPLICATION

**NOTE:** Recognition as a National Martial Arts Organisation (NMAO) provides the successful applicant organisation with voting rights within the MAIA and grants to said organization the responsibility of representing their particular martial art to the Executive Committee of the MAIA. This membership is open to any martial arts organization that:

- i) is a proprietary limited company
- ii) is a public company limited by guarantee
- iii) is a State based incorporated sporting Association with national registration

and who meets the MAIA's criteria for recognition. The applicant organization must satisfy the Board they are the pre-eminent martial arts organization representing their particular martial art in Australia and that there are no other credible national bodies that may also make claim to this status.

1. NAME OF APPLICANT MARTIAL ARTS CLUB/ORGANISATION:

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2. POSTAL ADDRESS: .....

.....STATE:.....POSTCODE:.....

3. TELEPHONE - Home: (.....) ..... Work: (.....).....

Mobile: (.....) ..... Fax: (.....) .....

Email:.....

Website:.....

4. MARTIAL ART THAT YOUR ORGANISATION REPRESENTS:

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5. IF APPLICABLE PLEASE LIST ANY SUB DISCIPLINES, OR ALTERNATE NAMES THAT YOUR ART MAY BE KNOWN AS:

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6. HOW MANY INSTRUCTORS DOES YOUR ORGANISATION REPRESENT

( PLEASE INCLUDE A STATE BY STATE BREAKDOWN).....

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7. 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

8. IS THE APPLICANT ORGANISATION A FOUNDATION MEMBER OF THE MAIA

YES [ ] NO [ ]

9. PLEASE LIST THE NAME, ADDRESS AND TELEPHONE CONTACTS FOR THE PRINCIPAL OF YOUR CLUB/ACADEMY.

NAME:.....

DATE OF BIRTH.....

ADDRESS:.....

.....STATE.....POSTCODE.....

TELEPHONE H.....W.....

FAX.....MOBILE.....

EMAIL:.....

**The applicant agrees that the applicant organisation and all of its affiliates, members, instructors and employees (whether paid or unpaid) will be bound by the Martial Arts Industry Association's 'Code of Practise' and Risk Management Policy. The applicant agrees and understands that violating this code may result in the rescinding of your membership with the MAIA Limited.**

The applicant organisation/club/academy agrees to be bound by the Constitution of the Martial Arts Industry Association Limited.

The applicant agrees and understands that the first year of membership is provisional and conditional upon:

- i) the applicant club/academy implementing a program of education and implementation of the NATIONAL CODE OF PRACTISE amongst its members
- ii) the applicant club/academy's introduction and implementation of a policy of accreditation, under the MAIA NATIONAL INSTRUCTORS ACCREDITATION SCHEME (NMAS) or the NATIONAL COACHING ACCREDITATION SCHEME (NCAS) of all of the applicant club/academies instructors and assistant instructors.

THE FOLLOWING ADDITIONAL ATTACHMENTS MUST BE INCLUDED WITH YOUR APPLICATION:

- \* Details of any insurance by which your organisation is covered.
- A copy of any safety or conduct code under which your organisation's membership may operate.
- A copy of your academy student application/waiver' form
- \* A copy of your current Business Registration/ Association/Incorporation certificate.
- A copy of your ABN (Australian Business Number) if applicable.
- A copy of your current constitution/company articles
- Auditors Statement for the last three financial years of your organization operation
- Copy of your current three year organisational plan
- Details of your international affiliation
- Copy of your organisations anti doping policy
- Copy of your organisation's agreement that all events/competitions that are conducted by the applicant organization will comply with the MAIA's National Code of Practise for Event Organisers and Competitions

Signature of applicant:..... Date of application:.....

Proposed by (Name):..... Seconded by (Name): .....

SIGNATURE:..... SIGNATURE:.....

MAIA Membership No:..... MAIA Membership No:.....

The completed form and attachments should be sent, together with a \$1000 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, upon the acceptance of your application an additional \$3000 will be payable before your membership is ratified for four years.

Signature of applicant: ..... Date of application.....

National Secretary (FOR OFFICE USE ONLY) .....
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