



**WORLD KICKBOXING FEDERATION**  
**UNITED STATES of AMERICA**  
**OFFICIAL MEMBERSHIP APPLICATION FORM**



Return to : WKF USA Head Office President Richard Sniffen  
 386 West Main Street Little Falls, New York 13365 USA  
 ( The Real Global Player in Combat Sports )

Name : \_\_\_\_\_ School Name : \_\_\_\_\_

Address : \_\_\_\_\_ Instructor : \_\_\_\_\_

City: \_\_\_\_\_ State : \_\_\_\_\_

Zip Code : \_\_\_\_\_ Current Rank or Title \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email : \_\_\_\_\_

**Membership Type**

WKF USA State Director (  ) Opened to Schhol Owners and Event Promoters ONLY

WKF USA State Representative (  ) Opened to School Owners ONLY

School Owner (  ) Yearly Membership \$75.00 ( first year waived )

Black Belt or Instructor (  ) Yearly Membership \$50.00

Competitors / Students (  ) Yearly Membership \$25.00

WKF USA TEAM MEMBERSHIP (  ) Open to All WKF USA Members

DATE : \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Signature : \_\_\_\_\_

PLEASE INCLUDE 2 PASSPORT PHOTOS and PASSPORT REGISTRATION with PAYMENT

( PLEASE MAKE PAYMENTS TO: World Kickboxing Federation USA )

Payment Enclosed : Amount \$ \_\_\_\_\_ Check (  ) Money Order (  )

: Receive: Certificate of Membership, Member I. D. Card, Fighters Passport and Listing on WKF Website

Registration Number : \_\_\_\_\_ State : \_\_\_\_\_

Check / Money Order Number : \_\_\_\_\_

State's Director \_\_\_\_\_

Received By : \_\_\_\_\_ Date : \_\_\_\_ / \_\_\_\_ / \_\_\_\_