



United States Black Belt Society

Founder: Grandmaster Robert W. Hoe

Application for School Affiliation

School Info:

Name of School: _____

School Street Address: _____

City: _____ State: _____ Zip: _____

School Website: _____ School Phone: (____) _____

Styles Offered: _____

Reason for joining the US Black Belt Society: _____

Personal Info:

First Name: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____ Phone: (____) _____

Date of Birth: ____/____/____ Instructor(s): _____

Present Rank: _____ Length of Time in Martial Arts: _____

Payment Info:

One Year Membership \$75. One Year Renewal \$50.

Check (Payable to United Fitness & Martial Arts) Money Order

Credit Card _____ Exp Date ____/____

Name on Card _____ VISA / MASTERCARD / DISCOVER

Send To: US Black Belt Society

17 Depot Street

Livermore Falls, ME 04254

applications@usblackbelts.com Signature: _____ Date: _____

* Make sure to attach a copy of your current rank certificate to confirm Black Belt/Sash.