



Thai Boxing Association of the USA

School / Club Affiliate Membership Application

Please print clearly

OWNER / INSTRUCTOR PROFILE

Last Name				First Name			Middle Initial
Street/P.O. Box Number			City		State	Zip Code	
Home Telephone ()		Work Telephone ()		Email address			
Date of Birth	Sex	Height	Weight	Color of Hair	Color of Eyes	Passport #	
Occupation				School / Club Name			
Brief Job Description				Hobbies or Interests			
Years experience teaching the Thai Boxing Association curriculum.							

SCHOOL / CLUB INFORMATION

Name of School / Club	Number of students	Years Teaching	Email address	Phone
Address			Website, (if applicable)	
Styles taught at your School / Club				

THAI BOXING (MUAY THAI) EXPERIENCE

Date began studying Thai Boxing (as taught by Ajarn Chai)	Years studied	Instructor level	Passport Number
Present level of Instructor certificate, Appr. Assoc. Full, and Year Attained.		Region & State	
Branch Representative (if known)			

*I hereby declare and certify that the information provided in this Membership Application is accurate, true, and correct as stated, and that I am the person who is executing this form, and such execution is my own act and deed.
Note Remittance of this application does not automatically grant membership in the TBA affiliate program, and the TBA reserves all rights to grant or deny membership to any applicant.*

Signature _____ / _____ Date _____
Applicant