



Thai Boxing Association

Membership information Update

Please email completed form **AND** 1 passport-type photo (Headshot with neutral background) to
office@thaiboxing.com

PERSONAL PROFILE

Last Name				First Name				M. I	
Street Address / P.O. Box Number			City			State		Postal Code	
Country		Home Phone		Cell / Work Phone			Best Time To Call		
Date of Birth	Sex	Height	Weight	Hair Color	Eye Color	Email Address			
Instructor / Cert date					Region				
Passport #					Member Since				

SCHOOL INFORMATION

School Name		Head Instructor		Phone Number	
Street Address / P.O. Box Number		City		State	Zip Code