



THE EDUCATIONAL MARTIAL ARTS SYSTEM, INC.

"A NON-PROFIT CORPORATION FOR THE FURTHER ENHANCEMENT OF THE ARTS."

International Headquarters

12285B World Trade Drive, San Diego, CA 92128

Phone: (858) 487-6406 Fax: (858) 673-4137

Email: membership@temas.org Website: www.temas.org

APPLICATION FOR INSTRUCTOR CERTIFICATION

APPLICATION INFORMATION:

Country: _____

Name: _____ Date of Birth: ___/___/___

Address Street: _____ Male: _____ Female: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ (____) _____ - _____ E-Mail Address: _____

Current Rank: _____

Education: School: _____ Occupation: _____

Teaching Experience: **Attach a complete history of teaching experience.**

I am applying for a Instructor's Certificate for teaching and providing instruction in the martial arts in accordance with The Educational Martial Arts System, Inc. Applications may only be applied for by active members in good standing of The Educational Martial Arts System, Inc. only. Upon approval the Studio License is valid for three (3) years. The application must be accompanied with a application fee of \$50, and is refundable if application is denied, this application fee is non-refundable upon acceptance for any reason and may be withdrawn by TEMAS. I herby agree to abide by the best standards of the martial arts industry in providing a safe and correct environment outlined by TEMAS Studio Rules and Codes by the above named applicant.

Applicant: _____

Date: ___/___/___

STUDIO RECOMENDATION:

Country: _____ Studio No: _____

Name: _____ Date of Birth: ___/___/___

Address: _____ City: _____ State: _____ Zip Code: _____

Instructor's Name: _____ Instructor's Rank: _____

I herby recomend the above named applicant for membership in The Educational Martial Arts System, Inc.

- TEMAS OFFICE - OFFICIAL USE ONLY -

Membership No: _____ Region: _____

Issue Date : ___/___/___

Renew Date: ___/___/___ Entered by _____

Chief Instructor's Signature

Date