



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

STUDIO LICENSE APPLICATION

STUDIO OWNER/OPERATOR INFORMATION: Country: _____

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

Address Street: _____ Male: ___ Female: ___

City: _____ State: _____ Zip Code: _____

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

Current Style: _____ Current Rank: _____

Education: School: _____ Occupation: _____

TEACHING/TRAINING LOCATION: Country: _____

Name: _____

Address Street: _____

City: _____ State: _____ Zip Code: _____

Telephone: (___) ___ - _____ Attach a list of additional locations if applicable, each addition required certificate is \$5 per location.

INSURANCE INFORMATION:

Insurance company: _____ Policy number: _____

Policy type and insured amounts: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: ___ (___) ___ - _____

Previous Studio License Number: Expiration date: / /

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 two (2) years. The application must be accompanied with a application fee of \$100 U.S., 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refundable if application is denied, this application fee is non-refundable upon acceptance for any reason and may be withdrawn by TEMAS.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 hereby 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, and additionally agree to have TEMAS as an Addionaly Insured on the above liability policy.

_____/_____/_____
Applicant's Signature Date

- TEMAS OFFICE - OFFICIAL USE ONLY -

Studio No: _____ Country: _____ Region: _____ Issue Date : ___/___/___