

Date of Application:

CLI	JB MEMBERSH	HIP APPLICATION	FORM
Club #:	Club Name		
Address:	·		
Contact Numbers:			
Telephone:	Fax:	Mobile:	Email:
Name of President:			
Name of Instructor /	Coach:		
Affiliate Clubs (if any	):		
Description/Origin o	fStyle:		
Date & Place of Estab	lishment of Club/Sty	rle:	
Affiliations with othe	r Organizations/Ass	ociations:	
Number of Current M	embers:		
Number of Blackbelts	s: (i-ARNIS Lakan/La	kambini):	
Number of i-ARNIS G	uru/Instructors:		
Submitted by:			
Signature over printe	ed name	Club President	Date
*Attach documents con	taining Club's Backgro	ound, Club's Constitution and	d By-Laws and list of Club Offic
	Do Not	Write Below This Line	
Endorsed by:	Evalua	nted by:	Remarks: