

Name: Date of Application:				
Street Address:				
City:		State:	Zip:	Country:
Phone #:	E-mail:	Date of Birth:		
Martial Arts Style(s):				
Current Rank:				
(photocopies of your most recent	t rank in all styles of martial art mus	t be included with you	r application)	· · · · · · · · · · · · · · · · · · ·
Your School Name:				
School Address:				
School Phone:	Head Instr	uctor of School:		
Grandmaster or Style-He	ead of Your System:			

<u>**MEMBERSHIP REQUIREMENTS</u>** Membership into PACHIVAS PANKRATION is open to any martial artist that possesses certified, authentic rank from a recognized organization.</u>

MEMBERSHIP DUES - a \$35 gift gives you LIFETIME MEMBERSHIP!!!

OFFICIAL SCHOOL AFFILIATION CERTIFICATION - \$250 (Chief Instructor of the school must be enrolled in the Instructor Certification Program for PACHIVAS PANKRATION. Each school is independently ran and operated. The USKA does not tell you what to teach or when to teach it.

INSTRUCTOR CERTIFICATION - There are a great deal of specific requirements to test into the Instructors Program. Based upon years in training, competition record, and rank in the martial arts, individuals may qualify for an Instructors level without going through all levels of rank. If you are interested in Instructor Certification you MUST contact, IOHNNY RUSSELL at the address below, and

are interested in Instructor Certification you MUST contact JOHNNY RUSSELL at the address below, and information will be made available to you .

\$ 50 Assistant Instructor Degree
\$100 Associate Instructor Degree
\$150 Full Instructor Degree
\$200 Assistant Professor Degree
\$200 Full Professor Degree
\$500 Master Professor Degree

ALL PROMOTIONS & RANK CERTIFICATION IS SUBJECT TO APPROVAL OF DIRECTOR

TOTAL \$_____

Print this application and mail it to:

PACHIVAS PANKRATION NATIONAL HEADQUARTERS

8334 Cash Road Martinsville, IN 46151 fax: 317-274-2365