



Date: \_\_\_\_\_

12921 SW 1<sup>ST</sup> ROAD, SUITE 107, PMB 341, JONESSVILLE, FL 32669  
**FIGHTER MEMBERSHIP APPLICATION (\$25)**

Name: \_\_\_\_\_

Please include "fighting name" or "nickname"

Address: \_\_\_\_\_  
number street city state country postal code

Tel: Home (\_\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Height: \_\_\_\_\_

I will be fighting AMATEUR or PROFESSIONAL (please circle one)

Weight: "I can fight from \_\_\_\_\_ lbs. to \_\_\_\_\_ lbs." "I prefer to fight at \_\_\_\_\_ lbs.

*Please Circle One: I primarily fight from a*

right handed "orthodox" stance

left handed "southpaw" stance

I switch stances regularly

MMA Fight Record

Amateur \_\_\_\_\_ wins \_\_\_\_\_ losses \_\_\_\_\_ draws

Pro \_\_\_\_\_ wins \_\_\_\_\_ losses \_\_\_\_\_ draws

Combined \_\_\_\_\_ wins \_\_\_\_\_ losses \_\_\_\_\_ draws

How many matches have you had in the past two years? \_\_\_\_\_

Do you currently or have you in the past held any MMA Titles YES / NO if yes, please list on the back

Have you fought any "world rated" opponents YES / NO if yes, please list who, and the results on the back

Kickboxing record, if any: \_\_\_\_\_ wins \_\_\_\_\_ losses \_\_\_\_\_ draws

Boxing Record, if any: \_\_\_\_\_ wins \_\_\_\_\_ losses \_\_\_\_\_ draws

TRAINER / MANAGER INFORMATION

Name: \_\_\_\_\_

Gym or Studio Name: \_\_\_\_\_

Address: \_\_\_\_\_  
number street city state country postal code

Tel: Home (\_\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_