



APPLICATION FOR MEMBERSHIP

I understand that being a Member does not automatically entitle me to an assignment/contest. I also understand that I am an independent contractor not employed by the W.F.O.

Annual Membership Fees:

(Please Check One)

- Referee _____ \$100.00
- Judge _____ \$ 75.00
- Fighter _____ \$ 25.00
- Coach _____ \$ 25.00
- Ring Announcer _____ \$ 25.00
- Physician _____ \$ N/A
- Other _____ \$ N/A

<u>Credit Card Authorization</u>	
Card Number _____	
Expiration _____ Security Code _____	
mm/yy	
Billing Zip _____ Card Type _____	
Signature _____	

Attached is my check in the amount \$ _____ . Membership covers period from January 1 until December 31. Please make checks payable to the World Fighting Organization.

FULL NAME: _____
First Middle Last

ADDRESS: _____
Number Apt Street Name

City State Zip Code

TELEPHONE: (DAY) _____ (EVENING) _____

FAX: _____

EMAIL: _____

SIGNATURE

DATE