

# CANADIAN MUAYTHAI COUNCIL - AMATEUR



## Application for Membership



Year \_\_\_\_\_

*Note: Membership is calendar year January 1st to December 31st*

Check one:  Athlete     Coach     Official

NAME: \_\_\_\_\_ RING NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ PROVINCE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_ GENDER: \_\_\_\_\_  
(yyyy/mm/dd)

FIGHTING WEIGHT: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ SOUTHPAW/ORTHODOX: \_\_\_\_\_

CLUB NAME: \_\_\_\_\_ CITY: \_\_\_\_\_ PROVINCE: \_\_\_\_\_

COACHES NAME: \_\_\_\_\_

HAVE YOU ALREADY BEEN ISSUED A PASSBOOK? YES NO

Athletes' Complete Fight Record \*    \_\_\_\_\_ Wins    \_\_\_\_\_ Losses    \_\_\_\_\_ Draws    \_\_\_\_\_ KO's

\* Complete Fight Record includes all results in all amateur combative sports including but not limited to: Full Contact Rules, Kickboxing Rules, Muay Thai Rules, San Shou Rules, Shoot Boxing Rules, Boxing Rules, Wrestling Rules, Boxe Francaise-Savate Rules, Mixed Martial Arts Rules

**\*\* ALL CMTC-A TITLE HOLDERS MUST BE MEMBERS OF THE CMTC-A \*\***

**\*\* ALL ATHLETES MUST HAVE UP TO DATE (WITHIN 1 YEAR OF COMPETITION) MEDICALS INCLUDING AN EKG AND NEGATIVE RESULTS FOR HEPATITIS B, HEPATITIS C AND HIV \*\***

**\*\* PLEASE DO NOT SEND YOUR MEDICALS TO THE REGISTRAR – YOU MUST HAVE THEM WITH YOU AT EACH COMPETITION \*\***

**Please ensure you have enclosed the following with this form:**

**Annual fee**

(Athlete \$50, Coach \$50, Official \$50)

(Please make all money orders / cheques payable to

CMTC-A

**Two passport size photos** (if you do not have a passbook)

**If applicable, Fighter's Complete Fight Bio** (page 2)

**SEND TO: CMTC-A Registrar**

119 Clearwater Run  
Calgary, AB

T3Z 3T9

I, \_\_\_\_\_ (athletes name), verify that I have not competed as a professional athlete in any combat sport, inclusive of but not limited to; MMA, Boxing, Kickboxing, MuayThai, etc.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

For Registrar Use Only:

Payment Date:	Payment Amount:	Payment Type:
Photos Received:	Passbook Sent? <input type="checkbox"/> Date:	Processed By:

## FIGHTER'S COMPLETE FIGHT BIO (Page 2)

In order to compete and to assist with rating the athletes please fill in this page.

\*Complete Fight Record includes all results in all amateur combative sports including but not limited to: Full Contact rules, Kickboxing rules, Muay Thai rules, San Shou rules, Shoot Boxing rules, Boxing rules, Wrestling rules, Boxe Francaise-Savate rules, and Mixed Martial Arts rules.

\* Misleading and/or untruthful fight records will result in disciplinary action.

NAME OF ATHLETE \_\_\_\_\_

COMPETITION FIGHTS (If there is not enough space to complete the record, attach another page with full fight bio)  
Details:

DATE	LOCATION (City, Province/State)	OPPONENT	RULES (KB, MT, MMT, MMA, Boxing)	DECISION

Have you been knocked out? \_\_\_\_\_ When? \_\_\_\_\_

I, AS THE ABOVE NAMED ATHLETE, CERTIFY THE FOLLOWING INFORMATION TO BE TRUE.

\_\_\_\_\_  
Printed Name & Signature of the Athlete

\_\_\_\_\_  
Date