**Induction Acceptance Form**

The **USHOFMAAI, IHOH** goal is to recognize black belt level martial artists who have significantly inspired and enriched the lives of others, through outstanding dedication and contributions to the martial arts and community.

The **USHOFMAAI, IHOC** recognizes under belts, public servants, military, fire fighters and all levels of law enforcement, who have demonstrated excellence in their unselfish dedication to the community and the world.

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ accept your invitation to be inducted into the **USHOFMAAI, International Hall of Honor, Hall of Champions Awards Ceremony & Banquet** on **Saturday**, **November 3, 2018** in **Hanover, MD** (U.S.A). By signing this induction acceptance form, I am confirming that I have been notified and I will submit this Induction Acceptance Form, one-page resume, photograph, and fees, no later than **September 30, 2018** to **USHOFMAAI.**

**Induction Category**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

All photographs and resumes will become the property of the **USHOFMAAI, International Hall of Honor Hall of Champions.**

Furthermore, I release the **USHOFMAAI, International Hall of Honor, Hall of Champions & USHOFMAAI 20th Anniversary Awards Ceremony & Banquet**, any of its officers, members, news media, Ramada BWI/Arundel Mills Hotel, or anyone else connected with the **USHOFMAAI, International Hall of Honor, Hall of Champions** **& USHOFMAAI 20th Anniversary Awards Ceremony Banquet** from any liability associated with the use of all information provided by me pertaining to my martial arts history and background.

I\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ testify that all ranks, training and background information is authentic and true.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Nominated by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Personal Information***

Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rank\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Style\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Association Memberships\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Awards Received\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Yes\_\_\_\_ I plan to attend

No\_\_\_\_ I cannot attend but I accept in absentia

USHOFMAAI Member: Yes\_\_\_\_ No\_\_\_\_ I want to join\_\_\_\_\_\_

Previous Inductees $165.00\_\_\_\_\_\_ New Inductees $180.00\_\_\_\_\_\_\_

I intend to bring \_\_\_\_\_ guest(s) @ $85.00 each . . . . . . . . . . . . . . . . . . . . $\_\_\_\_\_\_\_\_\_\_\_

Total Enclosed $\_\_\_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_