



THE AMERICAN SELF-PROTECTION ASSOCIATION, INC.

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APPLICATION FOR MEMBERSHIP & CODE OF ETHICS			
Name:		Phone:	
Address:			
City:		State:	
Birth Date:	Age:	E-Mail:	
Emergency Contact:		Phone:	
Disabilities: Y or N	Do you require special accommodations: Y or N (please circle one, if yes please explain below)	Medications: Y or N (if yes, describe below)	
Please describe any health problems you have here:			
Company or Work:		Phone:	
Work Address:		Fax:	
Work City:		State:	
Title:		Calls: Y or N	
PLEASE READ THE FOLLOWING CAREFULLY!			
<p>I, the undersigned (Print Name) _____ hereby apply for membership to the AMERICAN SELF-PROTECTION (A.S.P., or ASP) ASSOCIATION, Inc., hereinafter referred to as the ASSOCIATION, understand that said ASSOCIATION is dedicated to the dissemination of the A.S.P. (or ASP) method and system applicable to all combative arts, such as but not limited to: Kickboxing (ASP), Grappling (ASP), Stickfighting (ASP) and to research in the field of combative arts. I also understand that professor Dr. Even S. Baltazzi is the ORIGINATOR of that system and method of training and I recognize him as such as perpetual TECHNICAL DIRECTOR of the ASSOCIATION and as the only one authorized to award ranks in ASP, directly, or by delegation to the Board of Promotions. I also pledge to abide by his directives in that respect. I also understand that the ASP system and method allow for faster and effective learning of combative disciplines, safer practice, and longer retention of the subject matter learned, and that it has been recognized by physical educators of stature here and abroad. I also understand that ASP is a holistic discipline which goes beyond combative skills and addresses the self-protection of the whole human being.</p> <p>If accepted as a member of the ASSOCIATION, I agree to abide by all by-laws, to do my utmost to practice ASP safely, to disseminate it by legal and honorable means, and to use my knowledge only for honorable purposes, for my defense and for giving assistance to others under attack, I also agree to teach the ASP method and system only as authorized by the TECHNICAL DIRECTOR. I also understand that my ASP rank and continuing membership to the ASSOCIATION depend upon my compliance with all of the above. All ranks in the combative arts enumerated above are sanctioned by the ASSOCIATION and issued by an executive committee according to rules set by the TECHNICAL DIRECTOR.</p>			
Signed:		Date:	
By Minors Legal Guardian:			