



Universal Martial Arts Assoc.
 119 Longwood Dr.
 Stella, NC 28582
 (910) 546-4144
 Web: www.umaa.ws
 Email: sensei@universal-martial-arts.org



INDIVIDUAL MEMBERSHIP APPLICATION

Application Date:
 ____ / ____ / ____

Full Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____ Country: _____
 Ph: (____) _____ - _____ Fax: (____) _____ - _____
 Email: _____
 Gender: Male: Female: DOB: ____ / ____ / ____

Style Of Martial Arts: _____
 Your Current Rank: _____ Kyu Dan Your Current Belt Color: _____
 Sensei's Name: _____
 Sensei's Rank: _____ Dan Your Start Date: ____ / ____ / ____
 Instructors Phone: (____) _____ - _____
 Dojo Name: _____
 Is your Dojo a member of UMAA: Yes No
 Membership Type: Annual Renewal Lifetime

<p>Annual Membership: \$30 Annual Membership for Dan Ranks: \$40 Renewal: \$30 Lifetime Membership: \$200 (Includes Rank Certification) Rank Certification under Membership: \$25 per Dan Grade (Annual Members)</p>	<p>Promotion Fees:</p> <table> <tr><td>1st Dan \$150</td><td>2nd Dan \$200</td></tr> <tr><td>3rd Dan \$225</td><td>4th Dan \$250</td></tr> <tr><td>5th Dan \$300</td><td>6th Dan \$325</td></tr> <tr><td>7th Dan \$350</td><td>8th Dan \$400</td></tr> <tr><td>9th Dan \$425</td><td>10th Dan \$450</td></tr> </table> <p>Under Black Belt Ranks \$15.00</p>	1st Dan \$150	2nd Dan \$200	3rd Dan \$225	4th Dan \$250	5th Dan \$300	6th Dan \$325	7th Dan \$350	8th Dan \$400	9th Dan \$425	10th Dan \$450	<p>Instructor Certification Fees: Instructor: \$100 (1st—3rd Dan) Renshi: \$200 (4th—5th Dan) Shihan: \$225 (6th—8th Dan) Kyoshi: \$275 (7th & 8th Dan)</p>
1st Dan \$150	2nd Dan \$200											
3rd Dan \$225	4th Dan \$250											
5th Dan \$300	6th Dan \$325											
7th Dan \$350	8th Dan \$400											
9th Dan \$425	10th Dan \$450											

Black belts must provide a copy of their most recent promotion certificate and a complete martial arts resume

Approval Of Teacher or Examiner
(for request of promotion only)

I certify that I have examined this UMAA member for promotion to the martial arts rank indicated and that they have demonstrated the required techniques, knowledge, and qualifications for the rank indicated above:

Signature of Tester or Examiner: _____ (Seal)

Printed Name, Club Name and Mailing Address of Teacher:

Club Name

School Address

City

State

Zip

Country

Where should the certificates be mailed?: Individual Sensei

Payment Information

I have enclosed a check / money order payable to the UMAA:

Please charge my:



Card Number; _____ - _____ - _____ - _____

Exp Date: ____ / ____ CCV: _____

Signature of Card Holder: _____

Signature Of Applicant: _____

Signature Of Parent / Guardian (if under 18): _____

Please Submit All applications to:
Universal Martial Arts Assoc.
Attention: Kyoshi Frank Williams
119 Longwood Dr.
Stella, NC 28582