



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

Annual Membership: \$30 Annual Membership for Dan Ranks: \$40 Renewal: \$30 Lifetime Membership: \$250 (Includes Rank Certification) Rank Certification under Membership: \$25 per Dan Grade (Annual Members)
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Promotion Fees: 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 Under Black Belt Ranks \$15.00
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Instructor Certification Fees: Instructor: \$100 (1st—3rd Dan) Renshi: \$200 (4th—5th Dan) Shihan: \$225 (6th—8th Dan) Kyoshi: \$275 (7th & 8th Dan)

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 Frank Williams:

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