INDIVIDUAL MEMBERSHIP APPLICATION



WMAA
Phone:
716-771-1291
Mailing Address:
PO Box 5
West Seneca, NY 14224
Website:
WWW.WMARNIS.COM

admin@wmarnis.com

Personal Inform Last Name		n First Name		Middle Initial			Date of Birth	
Address		City		State	Zip	Country		
Contact Phone E-mail Address			Address				Sex	
Current Martial Current Rank	ial Arts Training Information School Name			Address		Instructor / Rank		
Modern Arnis Ranking History Please fill out the date of all Arnis belt ranks you have certifiably earned. Fill out the date for all degrees of Black Belt you have certifiably earned and add the name of the Head Instructor / Rank who tested you for that rank on the following line.								
Yellow Belt Oran	ge Belt Blue E	Selt Green Be	It Purple Bel	t 1st Brown	2nd Brown	3rd Brown	Lakan	
1st Black 2nd B	Black 3rd Black	k 4th Black	5th Black	6th Black 7t	h Black 8th Blac	ck 9th Black	10th Black	
Other or Past Ma	artial Arts Trai	ning			•	•	•	
Styles / Systems								
Last Rank Earned								
Head Instructor								
WMAA Fees Individual Membership: \$99 Lifetime								
Payment Option Check Money Order Credit Card Visa Master		□Discover Ca	ard#			Exp	/	
Name as shown on	credit card							
I certify that the above statements made herewith are true and that I understand that falsification of any item or failure to comply with said requirements, rules and regulations will result in immediate termination in the World Modern Arnis Alliance.								
Applicant's Si	gnature	Da	te	XParent/Gu	ardian if applicant is	under 18 years old	Date IMA 4-26-08	