

# UNITED Martial Arts Alliance



## OFFICIAL APPLICATION FOR BELT PROMOTION

Last Name		First Name		Middle Initial	Age
Mailing Address		City	State	Zip	
Belt Size	Phone Number	Parent/Guardian Name		E-mail	

## Martial Arts Information

Martial Arts School <b>Mountain States International Black Belt Academy</b>		Name of Senior Instructor <b>Mr. Robert Austin</b>
Your Current Rank	Rank Testing For	Age Classification <input type="checkbox"/> Dragon <input type="checkbox"/> Tiger <input type="checkbox"/> Eagle <input type="checkbox"/> Youth <input type="checkbox"/> Jr.Black <input type="checkbox"/> Adult
Month of last promotion	<b>Membership must be current to receive</b>  <b>UMAA National Rank Certificate</b>	
Current Member of UMAA ? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Are you a National UMAA Black Belt Club Member? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you interested in information on becoming a Black Belt Club Member? Yes <input type="checkbox"/> No <input type="checkbox"/>	Promotion Fee \$

I hereby certify that the above information is true to the best of my knowledge. I will do my best to live up to the obligations and responsibilities of my new rank. I will endeavour not to tarnish the reputation of my instructor, school, or the UMAA.

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Applicants Signature

Date

Parent or Guardian's Signature if applicant is under 18

ADMINISTRATIVE  
USE ONLY

- Approved  
 Disapproved

Official Promotion Date

USA or International