



UNITED MARTIAL ARTS ASSOCIATION INTERNATIONAL

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UMAAI REGISTRATION REQUEST FORM

Today's Date: _____ **PLEASE PRINT AND AN OFFICIAL, INDIVIDUAL UMAAI APPLICATION FOR EACH MEMBERSHIP MUST ACCOMPANY EACH REQUEST**

HEAD INSTRUCTOR'S NAME: _____ UMAAI # _____

CLUB NAME: _____ STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE: _____

TOTAL NUMBER OF REGISTRATIONS REQUESTED: _____ TOTAL REGISTRATION FEES ENCLOSED: _____

YOUR E. MAIL ADDRESS: _____

Student's Name	New	Re-Register	UMAAI #	Date Joined UMAAI	Rank
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