



UNITED MARTIAL ARTS ASSOCIATION INTERNATIONAL

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UMAAI MENJO REQUEST FORM

Today's Date: _____

PLEASE PRINT

HEAD INSTRUCTOR'S NAME: _____ UMAAI # _____

CLUB NAME: _____ STREET ADDRESS: _____

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

TOTAL NUMBER OF MENJO REQUESTED: _____ TOTAL MENJO FEES ENCLOSED: _____

Student's Name	UMAAI #	Old Rank	New Rank	Date Tested	Fee	Other
1						
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