

WORLD MARTIAL ARTS FEDERATION TM

(World Headquarters) P.O. Box 281 Grand Blanc, MI 48480, USA

ETP (EXTERNAL TESTING PROGRAM)

Application For Admission (Please Print or Type)

	(Pleas	se Print of Type	<i>3)</i>		
NAME (LAST):	FIRST:				INITIAL:
ADDRESS (STREET):		CITY:			
STATE:	ZIP CODE:		COUN	TRY:	
DATE of BIRTH: MONTH:	DAY:	YEAR:	PHONE: (_)	
YOUR RANK:	DATE	OF RANK: MC	NTH:	DAY:	YEAR:
WMAF REG. NUMBER:	STYI	LE OF MARTI	AL ART:		
you to advance in rank within the within fifty miles of a registered. To enroll in the Program, submodular to enroll in the Program, submodular to ETP Admission Fee. 2. Completed WMAF. 3. A Photocopy of you will also to the ETP you sorder to advanced to the ETP you sorder to advanced to your next to be listed with the promotion recommend of a money order made particular to the promotion recommends.	d WMAF school. You the following: e: \$75.00 (Countries of ETP (External Test our current WMAF Con For Membership Ashall receive a list of rank. Submit the requirements. All fees	s other than U.S. ting Program) And Fee (if not further than the requirement when are non-refund	S. add \$30.00 Application. ank. yet an WMAl ats you are to n you are read able. Fees mu	F Time-In-F) F member). perform by dy to test. The st be in U.S	video and essay, in ne Testing Fee will
•	WMAF (Ext Attn: Director o	ernal Testing P	Program) and Records		
I hereby apply for admission to refunds for any tuition or fees. I and accurate to the best of my k	certify that all infor	rmation on this	application a	nd materials	s submitted are true
Applic	ant's Signature		_	Date	