

Global Martial Arts Association

BLACK BELT EXAMINATION APPLICATION

Please Print or Type

Request Rank: _____ G.M.A. Number: _____

Name _____

Home Address: _____

Home Phone: _____ Sex: _____ Date of Birth: _____

Occupation: _____ Or Grade: _____

School / Club Membership Number: _____ Belt Size: _____

Name of Parent / Guardian (if Minor): _____

School /Club Name: _____

School Address: _____

Instructor's Name: _____

Instructor's Rank: _____ School Phone No: _____

Test Fee:

The Test Fee with Custom Black Belt \$_____ Must be paid in full to your instructor the day that you pass the examination.

Signature of Applicant

I declare to the best of my knowledge and belief, that the prepared application and attachment are true, correct, and complete, I also acknowledge that any rank awarded at this examination or any previous examination, is subject to nullification, probation, or demotion if the rules and regulations of the G.M.A. are not observed. In consideration of my application to the above applied for rank, I pledge never to teach or instruct any system or method of self-defense or hand-to-hand combat without the permission and consent of my instructor and the G.M.A.

Signature of Applicant

Date

Instructor's Recommendation:

All applicants must have their instructor's recommendation.

The above applicant has my recommendation to test for the aforesaid rank. I believe the he /she meet all physical and mental requirements of such rank and that as this person's instructor. I have informed him/her of all duties and responsibilities of such rank.

I have attached to this application any comments or details I feel would help the Board of Examiners in reviewing this application.

Instructor's Signature

Date