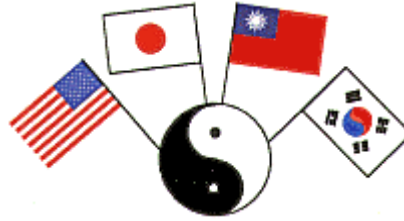


United Martial Arts Referees Association



Associate Member # _____
Year _____

Application for ASSOCIATE Membership

1. I, _____
(Name) (Rank) (Style) (Age)

Address _____ City _____ State _____ Zip _____

Martial Arts School Name _____ Instructor _____

Phone Number _____ E-mail: _____

hereby make application for Associate Membership in the United Martial Arts Referees Association, and upon acceptance, agree to abide by the rules and constitution thereof.

2. I understand by this application that I accept full responsibility for conducting myself in a manner that brings credit to the U.M.A.R.A constitution code of student/tournament conduct.

3. I consent to acceptance of all rules, and acknowledge understanding of the following acts as being just cause for dismissal and/or censure:

- a) Blatant disregard for the U.M.A.R.A. rules.
- b) Tournament conduct unbecoming a U.M.A.R.A. Competitor

4. Associate membership is open to all styles, ranks and ages.

5. Associate membership does not provide full member privilege and does not allow the associate member to vote in any UMARA elections or point of discussion.

6. Associate membership provides the benefit of tournament and awards banquet discount.

(SIGNATURE OF APPLICANT) (DATE) (If Applicant is a Minor SIGNATURE of Guardian) (DATE)

Individual Membership = \$15.00 annually

Payment to (Check or Money Order) payable to : S. L. Martin
U.M.A.R.A. Headquarters
41 Georgetown Rd, Bordentown, NJ 08505