



ALLIANCE – REGISTRATION FORM

Send to WTMA / Alliance 3018 Middle Rd. Jeffersonville, Indiana 47130

Website : www.usamahof.com Phone: 808-778-8768 or 812-620-2923

Name: _____ Age: _____

Address: _____ City: _____ State: _____

Home Phone: _____ Cell: _____

Email: _____

Your Occupation: _____ Eye Color: _____ Weight: _____

Your Most memorable Martial Arts moment: (Use reverse if needed)

Name of Alliance Rep. That encouraged you to join if any: _____

How long have you been in martial arts: _____ Years _____ Months

(Please give Brief Bio about yourself on back page)

Martial Arts School you represent: _____

Address: _____ City: _____

State: _____ Zip: _____ Your Ranks: _____

Instructors Names: _____

Your Signature: _____ Date: _____

Parent or Guardian: _____

PLEASE SEND REGISTRATION FORMS TO ~ WTMA / Alliance 3018 Middle Rd. Jeffersonville, In. 47130

PAYMENT:

PAY PAL Available ~ Send to: usnmat@hotmail.com or call 808-778-8768 to pay by credit or with debit card

NOTE: REGISTRATION FORM NEEDS TO BE SENT POSTAL OR EMAILED

Email forms to WtkClarksville@yahoo.com

MEMBERSHIPS (Please Circle)

Yearly Fees \$50 or Lifetime membership \$100

All memberships come with Patch and membership cards and certificate