



**World Martial Arts College**

P.O. Box 489, Linden, MI 48451

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[www.worldmartialartscollege.com](http://www.worldmartialartscollege.com)

[ibrahamahmed@aol.com](mailto:ibrahamahmed@aol.com)

**APPLICATION FOR CERTIFICATION**

Name of Applicant \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ E-mail Address \_\_\_\_\_

Date of Birth \_\_\_\_\_

Rank/Gup Applied for \_\_\_\_\_

What Style and System (This will appear on the certificate).

\_\_\_\_\_

Han Moo Kwan \_\_\_\_\_ WMAC \_\_\_\_\_ WTF \_\_\_\_\_ (check one or more and submit fees for each)

If school affiliation, list name and address of school:

\_\_\_\_\_

Other recommended certification: School Package \_\_\_\_\_ Instructor \_\_\_\_\_

Master \_\_\_\_\_ School Membership \_\_\_\_\_

Individual Membership \_\_\_\_\_

Tournament Sanction (send tournament info to WMAC) \_\_\_\_\_

Make check payable to: **World Martial Arts College.**

**\*Email Head portrait picture and Martial Art Resume on all certification**

Instructors Agreement:

- I declare that the information given above is true and correct.
- I will live in the spirit of Martial Arts.
- I will treat all my students with respect and dignity

Signature \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_