

# World Organization of Mixed Martial Arts

## Membership Application



(PLEASE NOTE) There will be a criminal background check preformed on all members, if you are accepted the board may request the proper documents to complete your application. A conviction will not automatically disqualify you for membership, you have the right to explain and WOMA will listen and evaluate the explanation. Please note that all applications may be emailed to get the process started but WOMA must have a LIVE SIGNATURE TO COMPLETE THE APPLICATION. This is for the Safety of WOMA and the applicant.

### About You

NAME \_\_\_\_\_

RANK \_\_\_\_\_ TITLE \_\_\_\_\_

STYLE/SYSTEM \_\_\_\_\_

COUNTRY \_\_\_\_\_

CITY/STATE \_\_\_\_\_

PHONE \_\_\_\_\_ CELL \_\_\_\_\_

EMAIL \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A FELONEY ( YES /NO ) WHEN \_\_\_\_\_

IF SO PLEASE

EXPLAIN \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

ARE YOU A MEMBER OF A MILITA ( YES / NO ) IF SO WHAT  
BRANCH \_\_\_\_\_

DID YOU CREATE THIS SYSTEM/STYLE ( YES / NO )

WHEN \_\_\_\_\_

INSTRUCTOR/ ORGANIZATION YOU OBTAINED YOUR FOUNDERS LISCENCE

\_\_\_\_\_  
\_\_\_\_\_.

## Your History

INSTRUCTOR \_\_\_\_\_ INSTRUCTORS RANK \_\_\_\_\_

INSTRUCTORS CONTACT \_\_\_\_\_

YOUR SCHOOL NAME \_\_\_\_\_

ASSOCIATION NAME \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

By signing this I agree that I am not and will not be evolved ANY form of terrorist activities, I promise that I am a law abiding citizen and make this agreement with WOMA that I on my Honor as a Martial Artist agree to hereby attest and confirm all information herein contained and attached to be accurate and true. I understand that giving false information will result in my immediate expulsion. I understand that I'm subject to 1 year probation or until which time a WOMA representative from my area can visit me.

\_\_\_\_\_

(Signature)

\_\_\_\_\_

(Date)

All Applications must contain

1. \$150.00 Membership fee in form of Or mail Cashiers' Check or Money Order Payable to (WOMA)
2. Clear yet current photo (Cell Phone pics are ok)
3. A Short Bio with a solid Martial Arts breakdown
4. Copy of your current rank certificate
5. (Soke's/ Soke Dai's Must provided proof of this in letter or certification from the head master of the system/school )
6. A background check from your local police dept.
7. Phone (863) 513-8459 8. Email womausa01@aol.com
9. Mail to: 1833 Lake Easy Rd. Babson Park Florida, 33827

[www.womamartialarts.com](http://www.womamartialarts.com) or follow us on Facebook @WOMA

On behalf of WOMA and its family I would like to personally thank you for your interest in our Martial Art's Family, We look forward to helping you in your martial journey.

**Kaiso Shihan Dell Sharpe**

Soke No Kojido Jitsu

Kaiso No Kobura Ryu Bujutsu

Kancho No WOMA