<u> W5 – WL</u>	JMA LICE	NCE	& FULL ME	MBE	RSHIP AI	PPLIC	ATION FORM
ATTENTION: YOUR LICENC	E GIVES YOU FULL ANNUA	AL WUMA MEN	MBERSHIP WITH ALLOWANCE IN	TO GRADING	AND EVENTS, IT IS YOU	JR INSTRUCTOR	S DUTY TO ENSURE YOU ACQUIRE ONE
WE	OFFICAL USE ONLY						
VVJ	LIC NO	-					
FORIVI	EXP:	-					
PLEASE FILL IN BLOCK CAPITALS			ALL SECTIONS MUST BE FILLED IN CLEARLY				
NAME:			1 ST APPLICATION [] REN	EWAL[]	OLD LIC NO:		EXPIRED:
FULL HOME ADDRESS: POST CODE:							
PHONE:			DATE OF BIRTH: EMAIL ADDRESS:				
OCCUPATION:			CLUB NAME: INSTRUCTOR NAME:				
CLUB ADDRESS:							
TRAINING DAYS/TIMES:							
YOUR PRESENT GRADE:			GRADING DATE:			EXAMINER:	
		ATION			TICK BOX TO SELECT LICENCE		
- I understand I have to fully filled in all of the above clearly to be eligible for the WUMA injury benefit scheme. - Lunderstand that all safety regulations during training should be adhered to and safety equipment worm at all times							
- I certify that all information	on given above is correct,	no known incidents outstanding that might give rise to a claim. I that I must adhere to the student code at all times			BLACKBELT LICENCE £30 INSTRUCTORS LICENCE APPLICATION SEE W1 FORM		
- I certify that any licence sold on this application is subject to W			JMA rules & regulations & the WUMA constitution of 1989.			INSTRUCTORS TEACHING MUST AQUIRE INSURANCE SEE W1	
SIGNED:		DATE:		PARENT II			TOTAL ENCLOSED £
Please	hand this comp	m to your Instructor with the full payme			nt - as soon as possible.		
ISSUED BY WUMA HQ OFFICE, 130 BARTON STREET, GLOUCESTER GL1 4EN							
W5 – WL	JMA LICE	NCE	& FULL MEI	MBE	RSHIP A	PPLIC	ATION FORM
ATTENTION: YOUR LICENC	E GIVES YOU FULL ANNUA	AL WUMA MEN	MBERSHIP WITH ALLOWANCE IN	TO GRADING	AND EVENTS, IT IS YOU	JR INSTRUCTOR	S DUTY TO ENSURE YOU ACQUIRE ONE
OFFICAL USE ONLY							
VVO	LIC NO	-					,
FORM	EXP:						
PLEASE FILL IN BLOCK CAPITALS ALL SECTIONS MUST BE FILLED IN CLEARLY							
NAME:			1 ST APPLICATION [] REN	EWAL[]	OLD LIC NO:		EXPIRED:
FULL HOME ADDRESS: POST CODE:							
PHONE:			DATE OF BIRTH: EMAIL ADDRESS:		EMAIL ADDRESS:		
OCCUPATION:			CLUB NAME: INS		INSTRUCTOR NAME:		
CLUB ADDRESS:							
TRAINING DAYS/TIMES:							
YOUR PRESENT GRADE:			GRADING DATE:			EXAMINER:	
		ATION			TICK BOX TO SELECT LICENCE		
	•	eligible for the WUMA injury benefit scheme. adhered to and safety equipment worn at all times.			STUDENT LICENCE £25		
- I certify that all information	no known incidents outstanding that I must adhere to the stud	dent code at	all times	BLACKBELT LICENCE £30 INSTRUCTORS LICENCE APPLICATION SEE W1 FORM			
- i certily that any licence s	solu on this application is	subject to W	UMA rules & regulations & the	vvuivia con	Sutution of 1989.		ORS LICENCE APPLICATION SEE WITFORM TEACHING MUST AQUIRE INSURANCE SEE WI
SIGNED: DATE:		PARENT IF		-18YRS:		TOTAL ENCLOSED £	
Please hand this completed form to your Instructor with the full payment - as soon as possible.							
ISSUED BY WUMA HQ OFFICE, 130 BARTON STREET, GLOUCESTER GL1 4EN							