**APPICATION TO JOIN THE GUMA -2023**

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| **APPLICANT’S INFORMATIONS** |

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| **SURNAME** | **NAME** | **PLACE OF BIRTH** | | **DATE OF BIRTH** |
|  |  |  | |  |
| **NATION** | **CITY** | **ADDRESS** | | |
|  |  |  | | |
| **TEL.** | **MOBILE** | **E-MAIL ADDRESS** | | |
|  |  |  | | |
| **ACTUAL LEVEL** | **DISCIPLINE** | **STYLE** | **DAN** | |
|  |  |  |  | |

**OFFICIAL AFFILIATION**

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**DECLARATION**

I ask to be enrolled in the I.B.B.A. as a member (International Black Belts Alliance) managed free of charge by **GUMA.** The register will give me the opportunity to meet other black belts and participate with them in international internships. With this registration I will be able to request the official certificate and the card of my presence in I.B.B.A. for 2023 This request should be sent to: [International.ibba@gmail.com](mailto:International.ibba@gmail.com)

**DOCUMENTS TO BE ATTACHED TO THIS REQUEST**

* **ID Document ;**
* **Diploma certifying the actual degree and technical qualifications;**

The applicant’s signature certificates the validity of the information’s written in this registration form

**DATE OF APPLICATION APPLICANT’S SIGNATURE**

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