

## **USA JUDO**

## **MEMBERSHIP APPLICATION**

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(Mail/Fax Application)

US A JUDO.

Jujitsu

Save Time and Money, Register on Line www.usjudo.org

Member Info:					
*Name:					
*Address:	First	Mi		Last	
*City:		*State:	*Zip:		
* Phone:	Mobil	e <u>:</u>	*Emai <u>l:</u>		
*Date of Birth:	Age:	*Sex:	*Citizenship	:	
Club/Dojo:		Judo Rank:			
Check one: Cauca	sian African America	an Hispanic	Native American	Asian O	Other
Optional: Include a co	py of your passport or birth verified t		ll no longer be required.	membership car	d. Once information is
Membership Options:					
Judo: New Members (No	t a USA Judo member during past	4 years):	Renewing Member	rs:	
	•	0 (\$30.00 on line) 0 (\$35.00 on line)		egular \$60	0.00 (\$55.00 on line)
Family Membersh Limited to 6 far	ip: mily members. Must all reside at	same address and belon	ng to same club/dojo. Please use	second page for Far	mily Registration:
3 Members: 4 Members:	\$125.00 \$125.00		5 Members: 6 Members:		\$155.00 \$185.00
Existing Life Men	<u>nbers</u> : \$35.0	0 (\$30.00 on line)	)		
<b>Jujitsu:</b> All ages:	\$35.0	0 (\$30.00 on line)	Dual Judo/Jujitsu: All ages:		0.00 (\$65.00 on line)
	Memberships ar	re valid for One (1)	year from date of applica	tion.	
Payment:					
Visa	Name on Card:				
MasterCard Discover Amer Express	Account #:		Exp. Date:	V Code:	CC Amount:
	Billing Address:			· · · · · · · · · · · · · · · · · · ·	
Check #:(\$25.00 return check fee)	Cardholder Signature:				

## Confirmation, Waiver and Release of Liability Agreement - Signature(s) Required

I certify that all of the above is	true and I am eligible	to be a member of USA	A Judo in accorda	nce with the rules of USA	Judo.
Signature:			Date:		
Signature of Parent/Guardian if applicant under 18:			Date:		
I, the applicant, state that I am law, USA Judo from or for all damages caused in conjunction agree that I know and understaresponsibility for any damages	claims demands and c with or arising out of nd the risks involved i	auses of actions or any membership with USA in the sport of Judo/Juji	other liabilities w A Judo and the act tsu and do hereby	which may arise by virtue of ion or lack thereof of USA	f injuries or Judo and
Signature:		Printed Name:		Date:	
I state that I am the parent(s) of understand the foregoing waive rights by signing tor submitting becoming a member of USA Ju	er and release of liabilg the application and i	ity agreement. I explair nstructing her/him of th	ned to the applicance ramifications ar	nt that he/she is giving up and that I/we consent to the	substantial application's
Signature:	P	rinted Name:		Date:	
	The above releases	must be signed for th	is application to	be valid.	
Family Membership Infor	mation:				
2. Name:		Mobile:	Jud	lo Rank:	
Date of Birth:	Age:	Sex:	Citizenship:		
Check one: Caucasian	African American	Hispanic Na	tive American	Asian Other	
3. Name:		Mobile:	Jud	lo Rank:	
Date of Birth:	Age:	Sex:	Citizenship:		
Check one: Caucasian	African American	Hispanic Na	tive American	Asian Other	
4. Name:		Mobile:	Jud	lo Rank:	
Date of Birth:	Age:	Sex:	Citizenship:		
Check one: Caucasian	African American	Hispanic Na	tive American	Asian Other	
5. Name:		Mobile:	Jud	o Rank:	
	Age:		Citizenship:		
Check one: Caucasian	African American	Hispanic Na	tive American	Asian Other	
6. Name:		Mobile:	Jud	o Rank:	_
Date of Birth:			Citizenship:		
Check one: Caucasian	African American	Hispanic Na	tive American	Asian Other	