



UNITED STATES JUDO ASSOCIATION MEMBERSHIP APPLICATION

<input type="checkbox"/> New member	<input type="checkbox"/> Renewal annual member # <input type="text"/>	<input type="checkbox"/> Life member # <input type="text"/>
Name <input type="text"/>	<input type="checkbox"/> Junior (up to 16)	<input type="checkbox"/> Senior (17 or over)
Address <input type="text"/>	City <input type="text"/>	State <input type="text"/> Zip <input type="text"/>
Home phone <input type="text"/>	Cell phone <input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female
Email <input type="text"/>	Birth date <input type="text"/>	U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No
Martial art <input type="text"/>	Date started <input type="text"/>	Rank <input type="text"/> Rank date <input type="text"/>
Club or school <input type="text"/>	Coach or instructor <input type="text"/>	
USJA Club # <input type="text"/>	Address <input type="text"/>	

INDIVIDUAL MEMBERSHIP PLANS

10 DAY MEMBERSHIP
\$10 / 10 day membership

ANNUAL MEMBERSHIP
\$60 Membership

- 2 year = \$110
- 3 year = \$160
- 4 year = \$200

\$35 Membership for Active Duty Military & Reservist/Guardsman on Active Duty for Operational Support, as well approved PAL Chartered Clubs.

LIFE MEMBERSHIP
\$400 Membership

SUSTAINING LIFE MEMBER
\$30 Insurance

- 2 Year = \$57
- 3 Year = \$82
- 4 year = \$105

FAMILY MEMBERSHIP PLANS

The USJA Family Membership Plan is limited to seven family members. All family members must be covered by insurance, reside at the same address, select the same membership plan and belong to the same club. Please indicate your membership plan and list all additional family members on the other side of form. (The primary family member is indicated at top of form.)

3 MEMBERS
\$150 Membership

4 MEMBERS
\$200 Membership

5 MEMBERS
\$250 Membership

6 MEMBERS
\$300 Membership

7 OR MORE MEMBERS & MULTI YEAR FAMILY DISCOUNTS
Please contact the USJA office to get a quote



ADDITIONAL FAMILY MEMBERS

2. Name Birth date Age
 Junior (up to 16) Senior (17 or over) Male Female U.S. Citizen Yes No
Martial art rank Rank date New member Renewal annual member #

3. Name Birth date Age
 Junior (up to 16) Senior (17 or over) Male Female U.S. Citizen Yes No
Martial art rank Rank date New member Renewal annual member #

4. Name Birth date Age
 Junior (up to 16) Senior (17 or over) Male Female U.S. Citizen Yes No
Martial art rank Rank date New member Renewal annual member #

5. Name Birth date Age
 Junior (up to 16) Senior (17 or over) Male Female U.S. Citizen Yes No
Martial art rank Rank date New member Renewal annual member #

6. Name Birth date Age
 Junior (up to 16) Senior (17 or over) Male Female U.S. Citizen Yes No
Martial art rank Rank date New member Renewal annual member #





ADA (A) MEMBERS

Do you have a disability as recognized by the Americans with Disabilities Act as Amended? Yes No

If yes, please list and explain

CREDIT CARD/CHECK PAYMENT

Check # (\$25 returned check fee) Check amount Initials

My credit card type    

Name on card Cardholder signature

Card # Exp. date V-Code

Card billing address

WAIVER AND RELEASE OF LIABILITY AGREEMENT

I, the Applicant, state that I am 18 years of age or over. In consideration of being permitted to participate in any way, I acknowledge and agree to release, waive and discharge, to the greatest extent permitted by law, United States Judo Association, Inc. (USJA) from or for all claims, demands and cause of actions or any other liabilities which may arise or be caused in whole or in part by the negligence of USJA in conjunction with or arising out of membership with USJA, and the action of lack thereof of USJA and agree that I know and understand the risks involved in the sport of Judo and do hereby assume these risks and accept the responsibility for any damages or injuries by engaging in the contact sport of Judo.

Applicant signature Printed name Date
(Signature required if Applicant is under 18)

PARENTAL INDEMNIFICATION

I state that I am the parent/legal guardian of (the Applicant), a minor. I agree to indemnify and hold harmless the USJA for any expenses incurred, claims made or liabilities assessed against them as a result of any injury, death, or insufficiency or legal capacity. I consent to the Applicant's becoming a member of the USJA and participating in Judo practices, clinics and events sanctioned or sponsored by the USJA.

Applicant signature Printed name Date
(Signature required if Applicant is under 18)