



UNITED STATES JUDO ASSOCIATION

Membership Application

21 North Union Boulevard, Colorado Springs, Colorado 80909-5742
Telephone: (719) 633-7750 Fax: (719) 633-4041 Email: usja@usja-judo.org
Web site: www.usja-judo.org

See reverse side for information and instructions

Section 1 - Membership Information

Name: _____ Current USJA Life Member
 Address: _____ New Member
 City: _____ Renewal (Member Number) _____
 State: _____ Zip: _____ Occupation: _____
 Home Telephone: (____) _____ Business Telephone: (____) _____
 Fax : (____) _____ Email: _____ Martial Art: _____
 Rank: _____ Date of Rank: _____ Date Started Martial Art: _____
 Birth Date: _____ Age: _____ Sex: Male Female
 U.S. Citizen? Yes No Junior (up to 16) or Senior (17 and over)

Section 2 - Club Information

(Complete this portion if you do not have a USJA Club No.)

Club Name: _____ Club Coach: _____
 USJA Club Number: _____ Address: _____
 Date Registered by Coach: _____

Section 3 - Membership Fees

Please check your membership plan and indicate the enclosed fee or charge made.

Annual Membership: \$40.00 (includes one year's free accident and liability insurance) \$ _____
 Family Membership Plan: (See list of fees in Section 5.) \$ _____
 Life Membership: \$400.00 (includes one year's free accident and liability insurance) \$ _____
 Sustaining Life Membership for USJA Life Members only: (includes one year's free accident and liability insurance, minimum gift is \$25.00) \$ _____
 Foreign Addresses: \$10.00 (for foreign addresses, other than APO/FPO, individual or family membership) \$ _____
Total Amount: Charged Enclosed (Please make check or money order payable to "USJA".) \$ _____

Credit Card: Visa MasterCard Discover Card Number: _____

Expiration Date: _____ Printed Name: _____

Signature: _____ Date: _____

Return Membership Card to: Club Coach Club Secretary Individual Other (Please indicate name and address below)

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Section 4 - Information And Instructions

1. Annual membership is for a 12-month period and includes excess accident insurance for all martial arts in accordance with the current insurance contract, as available, for that time period. Insurance is effective immediately at all sanctioned events (classes and clinics) and 24 hours after the date of registration for normal practice. This form, with fees, must be mailed to the USJA National Headquarters immediately upon completion by the club coach or clinic director.
2. A Family Membership Plan is available at a reduced cost. Please see details and fees in Section 5.
3. You may start or complete your USJA Life Membership (LM) in Section 3. Please note that to be a current member of the USJA, (with current insurance) you must complete your Life Membership or pay the annual membership dues.
4. You may charge your USJA annual membership dues or Life Membership on your credit card. Annual membership dues or LM donations are non-refundable. We accept Visa, MasterCard and Discover.
5. USJA annual membership dues are not tax-deductible. Life Membership donations above the regular LM fee are tax- deductible.
6. Please complete all sections, print or type clearly. Illegible writing could delay processing of your application. Please do not abbreviate or use nicknames.

Section 5 - Family Membership Plan

The USJA Family Membership Plan is limited to seven family members (2 adults and 5 children). 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 below (the primary family member is indicated in Section 1).

Family Membership Fees:

3 members-\$100.50, 4 members-\$123.50, 5 members-\$141.00, 6 members-\$157.00, 7 members-\$166.50

2. Name: _____ Birth Date: _____
 New Member Renewal Member No.: _____ Age: _____ Sex: Male Female
Martial Arts Ranks: _____ Rank Date: _____ U.S. Citizen? _____
 Junior (under 17) or Senior (17 and over)
3. Name: _____ Birth Date: _____
 New Member Renewal Member No.: _____ Age: _____ Sex: Male Female
Martial Arts Ranks: _____ Rank Date: _____ U.S. Citizen? _____
 Junior (under 17) or Senior (17 and over)
4. Name: _____ Birth Date: _____
 New Member Renewal Member No.: _____ Age: _____ Sex: Male Female
Martial Arts Ranks: _____ Rank Date: _____ U.S. Citizen? _____
 Junior (under 17) or Senior (17 and over)
5. Name: _____ Birth Date: _____
 New Member Renewal Member No.: _____ Age: _____ Sex: Male Female
Martial Arts Ranks: _____ Rank Date: _____ U.S. Citizen? _____
 Junior (under 17) or Senior (17 and over)
6. Name: _____ Birth Date: _____
 New Member Renewal Member No.: _____ Age: _____ Sex: Male Female
Martial Arts Ranks: _____ Rank Date: _____ U.S. Citizen? _____
 Junior (under 17) or Senior (17 and over)
7. Name: _____ Birth Date: _____
 New Member Renewal Member No.: _____ Age: _____ Sex: Male Female
Martial Arts Ranks: _____ Rank Date: _____ U.S. Citizen? _____
 Junior (under 17) or Senior (17 and over)