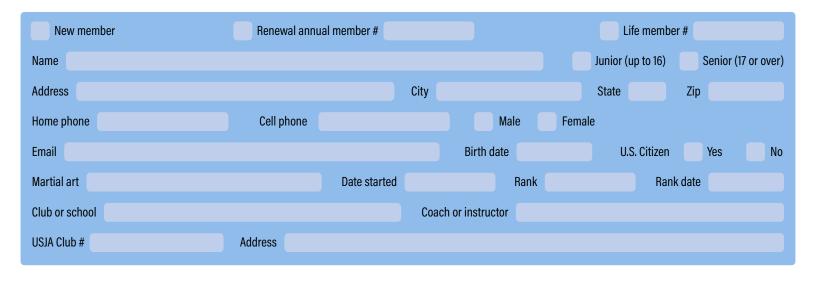


UNITED STATES JUDO ASSOCIATION MEMBERSHIP APPLICATION



INDIVIDUAL MEMBERSH	IP PLANS	
10 DAY MEMBERSHIP \$10 / 10 day membership		
ANNUAL MEMBERSHIP \$75 Membership	 1 year = \$75 2 year = \$138 3 year = \$200 4 year = \$252 	
\$50 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 \$45 Insurance	 2 Year = \$85 3 Year = \$125 4 year = \$166 	

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.)



Please contact the USJA office to get a quote

UNITED STATES JUDO ASSOCIATION 2059 Merrick Rd. # 313 Merrick, NY 11566



ADDITIONAL FAMILY MEMBERS								
2.	Name					Birth date	Age	
	Junior (up to 16) Senior (17 c	or over)	Male	Female		U.S. Citizen	Yes	No
	Martial art rank	Rank date		New member	Rer	newal annual member #		
3.	Name					Birth date	Age	
	Junior (up to 16) Senior (17 c	or over)	Male	Female		U.S. Citizen	Yes	No
	Martial art rank	Rank date		New member	Rer	newal annual member #		
4.	Name					Birth date	Age	
	Junior (up to 16) Senior (17 c	or over)	Male	Female		U.S. Citizen	Yes	No
	Martial art rank	Rank date		New member	Rer	newal annual member #		
5.	Name					Birth date	Age	
	Junior (up to 16) Senior (17 c	r over)	Male	Female		U.S. Citizen	Yes	No
	Martial art rank	Rank date		New member	Rer	newal annual member #		
6.	Name					Birth date	Age	
	Junior (up to 16) Senior (17 c	or over)	Male	Female		U.S. Citizen	Yes	No
	Martial art rank	Rank date		New member	Rer	newal 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								
Cł	neck # (\$25 retur	ned check fee) Chec	k amount		Initials			
My credit card type Averican State A								
Name on card Cardholder signature								
Ca	ard #	Exr	p. date	V-Code				

WAIVER AND RELEASE OF LIABILITY AGREEMENT

Card billing address

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 construction (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					