



## 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**  
\$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.)*

**3 MEMBERS**  
\$195 Membership

**4 MEMBERS**  
\$260 Membership

**5 MEMBERS**  
\$325 Membership

**6 MEMBERS**  
\$390 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)