

United States Judo Association, Inc. (USJA)



Individual Membership Application

Use this application to join or renew membership in the United States Judo Association - **Effective 1/1/09**

1. Application Date		2. Last Name		3. First Name		4. Middle Initial	
5. Address							
6. City		7. State	8. Zip Code		9. Home Phone () ()		10. Work Phone () ()
11. Fax () ()		12. Mobile () ()		13. E-Mail			
14. Date of Birth		15. Age	16. Sex <input type="checkbox"/> Female <input type="checkbox"/> Male		17. Citizenship <input type="checkbox"/> U.S.A. <input type="checkbox"/> Non-U.S.A.		18. Judo Rank & Date
19. USJA Life #		20. USJA ID #		21. Club/Dojo			
22. Mail Membership Materials to (pick one) <input type="checkbox"/> Club Coach <input type="checkbox"/> Club Secretary <input type="checkbox"/> Member							
23. Individual Membership Fees Choose Regular/Primary, Secondary, Sustaining Life Member or Booster Excess Accident Medical Insurance is included with the Regular/Primary & Sustaining Life Membership • NO INSURANCE with Secondary or Booster Secondary Membership expires with USJF/USA Judo primary expiration date • Please attach copy of primary USJF/USA Judo membership card							
Regular/Primary <input type="checkbox"/> \$45.00		Secondary <input type="checkbox"/> With USJF primary \$25.00 <input type="checkbox"/> With USA Judo primary \$25.00		Sustaining Life Members <input type="checkbox"/> \$25.00		Booster <input type="checkbox"/> \$15.00	
24. Family Membership Fees <input type="checkbox"/> 3-Members \$115.00 <input type="checkbox"/> 4-Members \$144.00 <input type="checkbox"/> 5-Members \$166.00 <input type="checkbox"/> 6-Members \$187.00 <input type="checkbox"/> 7-Members \$202.00							
25. Donations The USJA is a non-profit tax exempt charity. Depending on your tax circumstance, donations may be tax deductible. Please consult with your tax professional.							
Development <input type="checkbox"/> _____ \$ _____				Other <input type="checkbox"/> _____ \$ _____			
26. Cash or Check Payment Please DO NOT MAIL CASH <input type="checkbox"/> Cash <input type="checkbox"/> Check # \$20 RETURNED CHECK FEE Amount _____ Initials _____		27. Credit Card Payment <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover Name On Card _____ Issuing Bank _____ Account # _____ Exp Date _____ V-Code _____ Card Billing Address _____ Cardholder Signature _____					
28. I certify that the above information is true and I am eligible to be a member in accordance with the rules of the United States Judo Association, Inc. (USJA).							
X Signature of Applicant (Required for everyone) _____ Date _____				X Signature of Parent/Legal Guardian (for Applicants under 18) _____ Date _____			

WAIVER AND RELEASE OF LIABILITY AGREEMENT - SIGNATURE(S) REQUIRED

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 causes 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 or 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.

X	X	X
APPLICANT SIGNATURE <small>(Signature required if Applicant over 18)</small>	PRINTED NAME	DATE

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 of legal capacity. I consent to the Applicant's becoming a member of USJA & participating in Judo practices, clinics, & events sanctioned or sponsored by USJA.

X	X	X
PARENT/LEGAL GUARDIAN SIGNATURE <small>(Parent/Legal Guardian signature required if Applicant under 18)</small>	PRINTED NAME	DATE

***** RELEASE MUST BE SIGNED FOR THIS APPLICATION TO BE VALID • MAKE A COPY FOR YOUR RECORDS *****