



UNITED STATES JUDO ASSOCIATION MEMBERSHIP APPLICATION

PO Box 1880 ♦ Tarpon Springs, FL 34688-1880

Telephone: (727) 937-7120 ♦ Fax: (888) 276-3432 ♦ Toll Free: (877) 411-3409

Website: www.usja-judo.org ♦ Email: membership@usja-judo.org

See reverse side for additional information and instructions.

New Member Renewal Annual Member # _____ Life Member # _____

Name: _____ Junior (up to 16) Senior (17 or over)

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Male Female

Email: _____ Birth Date: _____ U.S. Citizen: Yes No

Martial Art: _____ Date Started: _____ Rank: _____ Rank Date: _____

Club or School: _____ Coach or Instructor: _____

USJA Club #: _____ Address: _____

Send Membership Card to: Club Coach Club Secretary Individual

INDIVIDUAL MEMBERSHIP PLANS

Individual Membership Fees: Choose Regular/Primary, Joint, Sustaining Life Membership or AAM. Excess Accident Medical Insurance is included with the Regular/Primary, Sustaining Life Membership, & AAM Primary. NO INSURANCE with Joint. Joint Membership expires with USJA/USA Judo Primary expiration date. Please attach copy of Primary USJA/USA Judo Membership card.

ANNUAL MEMBERSHIP

\$50 Membership

- 2 year 10% off (2nd year \$95) = \$95
- 3 year 10% off (2nd 15% off 3rd \$137) = \$137
- 4 year 10% off (2nd 15% off 3rd 20% off 4th) = \$177

\$35 Membership for Active Duty Military & Reservist / Guardsman on Active Duty for Operational Support, as well approved PAL Chartered Clubs (Please provide a copy of your deployment orders or your PAL membership)

LIFE MEMBERSHIP

\$400 Membership

SUSTAINING LIFE MEMBER

\$30 Insurance

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

JOINT MEMBERSHIP

\$30 with USJF Primary

\$40 with USA Judo Primary

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

\$130 Membership

4 MEMBERS

\$164 Membership

5 MEMBERS

\$191 Membership

6 MEMBERS

\$217 Membership

7 OR MORE MEMBERS & MULTI YEAR FAMILY DISCOUNTS

Please contact the USJA office to get a quote

ALL-AMERICAN MEMBERSHIP (AAM)

\$100 All-American Membership USJA, USJF, & USA Judo

Check one:

USJA Primary

USJF Primary

USA Judo Primary

ADDITIONAL FAMILY MEMBERS

2. Name: _____ Birth Date: _____ Age: _____
 Junior (up to 16) or Senior (17 and over) Sex: Male Female U.S. Citizen: Yes No
Martial Arts Rank: _____ Rank Date: _____ New Member Renewal Member No: _____

3. Name: _____ Birth Date: _____ Age: _____
 Junior (up to 16) or Senior (17 and over) Sex: Male Female U.S. Citizen: Yes No
Martial Arts Rank: _____ Rank Date: _____ New Member Renewal Member No: _____

4. Name: _____ Birth Date: _____ Age: _____
 Junior (up to 16) or Senior (17 and over) Sex: Male Female U.S. Citizen: Yes No
Martial Arts Rank: _____ Rank Date: _____ New Member Renewal Member No: _____

5. Name: _____ Birth Date: _____ Age: _____
 Junior (up to 16) or Senior (17 and over) Sex: Male Female U.S. Citizen: Yes No
Martial Arts Rank: _____ Rank Date: _____ New Member Renewal Member No: _____

6. Name: _____ Birth Date: _____ Age: _____
 Junior (up to 16) or Senior (17 and over) Sex: Male Female U.S. Citizen: Yes No
Martial Arts Rank: _____ Rank Date: _____ New Member Renewal Member No: _____

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 _____

Visa MasterCard Discover

Name on Card _____ Cardholder Signature _____

Issuing Bank _____ Account # _____ 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
(Signature required if Applicant is under 18)

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 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.

PARENT/LEGAL GUARDIAN SIGNATURE
(Signature required if Applicant is under 18)

PRINTED NAME

DATE