



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
Web site: www.usja-judo.org • Email: membership@usja-judo.org

See reverse side for additional information and instructions



Section 1 - Membership Information

Name: _____
Address: _____
City: _____
State: _____ Zip: _____ Occupation: _____
Home Telephone: (____) _____ Business Telephone: (____) _____
Fax: (____) _____ Email: _____ Martial Art: Judo
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)

Current USJA Life Member
 New Member
 Renewal (Member Number)
ADA(A) (Americans with Disabilities Act as Amended)
See Section 6

Section 2 - Club Information

Return Membership Card to: Club Coach Club Secretary Individual

Club Name: CAJA Club Coach: _____
USJA Club Number: NC 0030 Address: _____
Date Registered by Coach: _____

Section 3 - Individual Membership Plans

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

ANNUAL MEMBERSHIP

- \$65 Membership includes a 1-Year Black Belt Magazine Subscription and a 20% Discount on Books and DVDs
 \$50 Membership alone

LIFE MEMBERSHIP

- \$415 Membership includes a 1-Year Black Belt Magazine Subscription and a 20% Discount on Books and DVDs
 \$400 Membership alone

SUSTAINING LIFE MEMBERS

- \$45 includes Insurance, a 1-Year Black Belt Magazine Subscription and a 20% Discount on Books and DVDs
 \$30 Insurance alone

JOINT MEMBERSHIP

- \$45 with USJF Primary includes a 1-Year Black Belt Magazine Subscription and a 20% Discount on Books and DVDs
 \$30 with USJF Primary alone
 \$55 with USA Judo Primary includes a 1-Year Black Belt Magazine Subscription and a 20% Discount on Books and DVDs
 \$40 with USA Judo Primary alone

Section 4 - 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 in Section 5. (The primary family member is indicated in Section 1.)

3 MEMBERS

- \$145 Membership includes a 1-Year Black Belt Magazine Subscription and a 20% Discount on Books and DVDs
 \$130 Membership alone

4 MEMBERS

- \$179 Membership includes a 1-Year Black Belt Magazine Subscription and a 20% Discount on Books and DVDs
 \$164 Membership alone

5 MEMBERS

- \$206 Membership includes a 1-Year Black Belt Magazine Subscription and a 20% Discount on Books and DVDs
 \$191 Membership alone

6 MEMBERS

- \$232 Membership includes a 1-Year Black Belt Magazine Subscription and a 20% Discount on Books and DVDs
 \$217 Membership alone

7 OR MORE MEMBERS

Please contact the USJA for further discounts

Section 5 - Additional Family Members

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

Section 6 - 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: _____

Section 7 - Credit Card/Check Payment

Visa Name on card CAJA Issuing Bank _____
 MasterCard Account # Card on File Exp. Date _____ V-Code _____
 Discover Card Billing Address _____
 Check # _____ Cardholder Signature _____
 \$25 Returned Check Fee Check Amount _____ Intials _____

Section 8 - 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 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.

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 & participating in Judo practices, clinics & events sanctioned or sponsored by the USJA.

PARENT/LEGAL GUARDIAN SIGNATURE _____

(Signature required if Applicant is under 18)

PRINTED NAME _____

DATE _____

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