



# UNITED STATES JUDO ASSOCIATION

## Membership Application

21 North Union Boulevard Suite 200, Colorado Springs, Colorado 80909-5784  
Telephone: (719) 633-7750 • Fax: (719) 633-4041 • 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: \_\_\_\_\_  Current USJA Life Member  
Address: \_\_\_\_\_  New Member  
City: \_\_\_\_\_  Renewal (Member Number) \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Home Telephone: (\_\_\_\_) \_\_\_\_\_ Business Telephone: (\_\_\_\_) \_\_\_\_\_  
Fax: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_ Martial Art: \_\_\_\_\_  
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)

### Section 2 - Club Information

Return Membership Card to:  Club Coach  Club Secretary  Individual

Club Name: \_\_\_\_\_ Club Coach: \_\_\_\_\_  
USJA Club Number: \_\_\_\_\_ Address: \_\_\_\_\_  
Date Registered by Coach: \_\_\_\_\_

### Section 3 - Individual Membership Plans

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

#### REGULAR/PRIMARY

- \$60 Membership includes a 1-Year Black Belt Magazine Subscription and a 20% Discount on Books and DVDs  
 \$45 Membership alone

#### LIFE MEMBERSHIP

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

#### SECONDARY

- \$40 with USJF Primary includes a 1-Year Black Belt Magazine Subscription and a 20% Discount on Books and DVDs  
 \$25 with USJF Primary alone  
 \$40 with USA Judo Primary includes a 1-Year Black Belt Magazine Subscription and a 20% Discount on Books and DVDs  
 \$25 with USA Judo Primary alone

#### SUSTAINING LIFE MEMBERS

- \$40 includes Insurance, a 1-Year Black Belt Magazine Subscription and a 20% Discount on Books and DVDs  
 \$25 Insurance 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

- \$130 Membership includes a 1-Year Black Belt Magazine Subscription and a 20% Discount on Books and DVDs  
 \$115 Membership alone

#### 4 MEMBERS

- \$159 Membership includes a 1-Year Black Belt Magazine Subscription and a 20% Discount on Books and DVDs  
 \$144 Membership alone

#### 5 MEMBERS

- \$181 Membership includes a 1-Year Black Belt Magazine Subscription and a 20% Discount on Books and DVDs  
 \$166 Membership alone

#### 6 MEMBERS

- \$202 Membership includes a 1-Year Black Belt Magazine Subscription and a 20% Discount on Books and DVDs  
 \$187 Membership alone

#### 7 MEMBERS

- \$217 Membership includes a 1-Year Black Belt Magazine Subscription and a 20% Discount on Books and DVDs  
 \$202 Membership alone

**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 (under 17) 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 (under 17) 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 (under 17) 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 (under 17) 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 (under 17) or     Senior (17 and over)

**7.** Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
 New Member     Renewal Member No.: \_\_\_\_\_ Age: \_\_\_\_\_ Sex:  Male     Female  
 Martial Arts Ranks: \_\_\_\_\_ Rank Date: \_\_\_\_\_ U.S. Citizen:  Yes     No  
 Junior (under 17) or     Senior (17 and over)

**Section 6 - Credit Card/Check Payment**

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

**Section 7 - Waiver and Release of Liability Agreement - Signatures(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 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                                      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 & participating in Judo practices, clinics & events sanctioned or sponsored by the USJA.

\_\_\_\_\_  
 PARENT/LEGAL GUARDIAN SIGNATURE                                      PRINTED NAME                                      DATE  
(Parent/Legal Guardian Signature required if Applicant is under 18)