



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: _____ 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: Middletown Judo Club Club Coach: Louis LaPila USJA # 1240 / LM 3853.
USJA Club Number: CT0038 Address: Northern Middlesex YMCA
Date Registered by Coach: _____ 99 Union Street, Middletown, CT 06457

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

- \$415 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

* Payment information on back.

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 of 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)