

# United States Judo Federation, Inc. (USJF)

## New/Renewing Regular/Primary Individual Membership OR Renewing Life/President's Club Life Membership

Use This Application To Join Or Renew Membership In United States Judo Federation



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 Phone		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 USJF ID #		19 USJF Life #		20 Judo Rank & Rank ID #	
21 Dojo/Club					
22 Yudanshakai					
23 Name & Address of Insurance Beneficiary					
24 Membership Fees Choose either the Regular Membership or the Renewing Life/President's Club Life Membership • Excess Accident Medical Insurance is included with the Regular/Primary Membership and the Renewing Life/President's Club Life Membership. Life Members & President's Club Life Members should call the National Office or check with their Yudanshakai for the correct renewal fee. <b>Please make sure you select the appropriate term and membership type as USJF will not refund your membership fee. USJF reserves the right to extend membership terms at its sole discretion.</b>					
<b>New or Renewing Regular Member</b> <input type="checkbox"/> \$70.00			<b>Renewing Life or President's Club Life Members</b> <input type="checkbox"/> \$52.50 <input type="checkbox"/> \$ _____		
25 Donations The USJF is a 501(c)(3) non-profit tax-exempt charity. Depending on your tax circumstance, donations may be tax deductible. Please consult with your tax professional. Balch, Fitzsimmons, Fukuda, Kitaura, Lee, Osako, Palacio, & Saito are all Endowment Trust scholarship/grant programs. The General Endowment provides support to Development Committee programs. Operations are for the general operations fund. Please contact the National Office for more additional information.					
<input type="checkbox"/> George Balch \$ _____	<input type="checkbox"/> J. Fitzsimmons \$ _____	<input type="checkbox"/> Keiko Fukuda \$ _____	<input type="checkbox"/> General Endow \$ _____	<input type="checkbox"/> Eichi Koiwai \$ _____	<input type="checkbox"/> Tamo Kitaura \$ _____
<input type="checkbox"/> Elizabeth Lee \$ _____	<input type="checkbox"/> John Osako \$ _____	<input type="checkbox"/> Ben Palacio \$ _____	<input type="checkbox"/> Noboru Saito \$ _____	<input type="checkbox"/> Operations \$ _____	
26 Cash or Check Payment <b><i>Pis DO NOT MAIL CASH</i></b>			27 Credit Card Payment <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover		
<input type="checkbox"/> Cash _____ <input type="checkbox"/> Check _____ <i>\$35 RETURNED CHECK FEE</i> <input type="checkbox"/> Amount _____ <input type="checkbox"/> Initials _____			Name on Card _____ Issuing Bank _____ Account # _____ Exp Date _____ V-Code _____ Card Billing Address _____ Cardholder Signature _____		
28 Signature of APPLICANT		29 Date	30 Signature of Parent/Legal Guardian ( <i>Req'd if Applicant under 18</i> )		31 Date

**\*\*\* RELEASE (pg 2) MUST BE SIGNED FOR THIS APPLICATION TO BE VALID • MAKE A COPY FOR YOUR RECORDS \*\*\***

Submit to Yudanshakai or Mail to: USJF, PO Box 338, Ontario, OR 97914-0338 • Phone (541) 889-8753 • FAX (541) 889-5836 • [www.usjf.com](http://www.usjf.com) • [no@usjf.com](mailto:no@usjf.com)

