



USJA Life Membership Application

21 North Union Boulevard, Suite 200, Colorado Springs, Colorado 80909
Toll Free Number: (877) 411-3409 Telephone: (719) 633-7750 Fax: (719) 633-4041
Website: www.usja-judo.org Email: membership@usja-judo.org

Member Information

Name: _____ City: _____ State: _____

Street address: _____ Zip/Postal code: _____ Country: _____

Address (Cont.): _____ Date of birth: _____ Age: _____ Male Female

Home Phone: _____ Work Phone: _____ E-mail: _____

New Member Yes No If no, USJA membership number: _____

Jr (Younger than 17) Sr (17 and older)

Primary Art Studied: _____ Rank in Primary Art: _____

Did USJA Promote you? Yes No

Any promotion made by other than the USJA, requires a copy of the promotion certificate be sent to the USJA for that rank to be recognized by the USJA. Enter additional arts, ranks and any other pertinent info below:

Your Coach

Name: _____ City: _____ State: _____

Street address: _____ Zip/Postal code: _____ Country: _____

Address (Cont.): _____ Club: _____

Home Phone: _____ Work Phone: _____ E-mail: _____

Method of Payment

Visa MasterCard Discover Enclosed (Please make check or money order payable to USJA)

Card Number: _____ Expiration Date: _____ (mmddyy)

Name (as appears on card): _____

Note: Membership will not be effective until full payment of \$400.00 is received.

Mail card to: Individual Coach