

**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		3. First Name		4. Middle Initial																			
2. Last Name																							
5. Address																							
6. City		7. State	8. Zip Code	9. Home Phone ( ) ( )	10. Work Phone ( ) ( )																		
11. FAX ( ) ( )		12. Mobile ( ) ( )		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. Judo Rank & Rank #																		
19. USJF Life #		20. USJF ID #		21. Club/Dojo																			
22. Yudanshakai																							
23. Name & Address of Insurance Beneficiary																							
24. Membership Fees Choose either the Regular/Primary 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. <table style="width:100%; border:none;"> <tr> <td style="width:50%; text-align:center;"><b>New or Renewing Regular/Primary Individual</b></td> <td style="width:50%; text-align:center;"><b>Renewing Life or President's Club Life Members</b></td> </tr> <tr> <td style="text-align:center;"><input type="checkbox"/> \$70.00</td> <td style="text-align:center;"><input type="checkbox"/> \$52.50 <input type="checkbox"/> \$ _____</td> </tr> </table>						<b>New or Renewing Regular/Primary Individual</b>	<b>Renewing Life or President's Club Life Members</b>	<input type="checkbox"/> \$70.00	<input type="checkbox"/> \$52.50 <input type="checkbox"/> \$ _____														
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25. Donations The USJF is a 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 scholarship/grant programs. Please contact the National Office for more information. <table style="width:100%; border:none;"> <tr> <td colspan="5" style="text-align:center;"><b>Endowment Trust Programs</b></td> <td style="text-align:right;"><b>Other</b></td> </tr> <tr> <td><input type="checkbox"/> Balch \$ _____</td> <td><input type="checkbox"/> Fitzsimmons \$ _____</td> <td><input type="checkbox"/> Fukuda \$ _____</td> <td><input type="checkbox"/> General \$ _____</td> <td><input type="checkbox"/> Koiwai \$ _____</td> <td><input type="checkbox"/> _____</td> </tr> <tr> <td><input type="checkbox"/> Kitaura \$ _____</td> <td><input type="checkbox"/> Lee \$ _____</td> <td><input type="checkbox"/> Osako \$ _____</td> <td><input type="checkbox"/> Palacio \$ _____</td> <td><input type="checkbox"/> Saito \$ _____</td> <td><input type="checkbox"/> _____</td> </tr> </table>						<b>Endowment Trust Programs</b>					<b>Other</b>	<input type="checkbox"/> Balch \$ _____	<input type="checkbox"/> Fitzsimmons \$ _____	<input type="checkbox"/> Fukuda \$ _____	<input type="checkbox"/> General \$ _____	<input type="checkbox"/> Koiwai \$ _____	<input type="checkbox"/> _____	<input type="checkbox"/> Kitaura \$ _____	<input type="checkbox"/> Lee \$ _____	<input type="checkbox"/> Osako \$ _____	<input type="checkbox"/> Palacio \$ _____	<input type="checkbox"/> Saito \$ _____	<input type="checkbox"/> _____
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26. Cash or Check Payment <b>Please DO NOT MAIL CASH</b>		27. Credit Card Payment																					
<input type="checkbox"/> Cash _____		<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover																					
<input type="checkbox"/> Check # _____ <b>\$20 RETURNED CHECK FEE</b>		Name On Card _____ Issuing Bank _____																					
Amount _____		Account # _____ Exp Date _____ V-Code _____																					
Initials _____		Card Billing Address _____																					
		Cardholder Signature _____																					
28. I certify that the above information is true and I am eligible to be a member in accordance with the rules of the United States Judo Federation, Inc. (USJF). <table style="width:100%; border:none;"> <tr> <td style="width:50%;"><input checked="" type="checkbox"/> Signature of APPLICANT (REQUIRED FOR EVERYONE) _____ Date _____</td> <td style="width:50%;"><input checked="" type="checkbox"/> Signature of Parent/Legal Guardian (Required if Applicant under 18) _____ Date _____</td> </tr> </table>						<input checked="" type="checkbox"/> Signature of APPLICANT (REQUIRED FOR EVERYONE) _____ Date _____	<input checked="" type="checkbox"/> Signature of Parent/Legal Guardian (Required if Applicant under 18) _____ Date _____																
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**WAIVER AND RELEASE OF LIABILITY AGREEMENT - SIGNATURE(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 Federation, Inc. (USJF) from or for all claims, demands and causes of actions or any other liabilities which may arise or be caused in whole or in part by the negligence of USJF in conjunction with or arising out of membership with USJF, and the action or lack thereof of USJF 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.

<input checked="" type="checkbox"/> <b>APPLICANT SIGNATURE</b> <small>(Signature required if Applicant over 18)</small>	PRINTED NAME	DATE
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**PARENTAL INDEMNIFICATION**

I state that I am the parent/legal guardian of \_\_\_\_\_ (the Applicant), a minor. I agree to indemnify and hold harmless the USJF 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 USJF & participating in Judo practices, clinics, & events sanctioned or sponsored by USJF.

<input checked="" type="checkbox"/> <b>PARENT/LEGAL GUARDIAN SIGNATURE</b> <small>(Parent/Legal Guardian signature required if Applicant under 18)</small>	PRINTED NAME	DATE
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**\*\*\* RELEASE 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