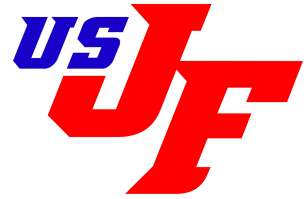


United States Judo Federation, Inc. (USJF)

Short-Term Individual Membership

Use This Application To Join Or Renew 1, 4, 8, or 12 Month Short-Term 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																	
<p>Choose 1, 4, 8, or 12 Month Short-Term Membership. Excess Accident Medical Insurance is included with the Short-Term Membership for the duration of the Short-Term Membership. 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.</p> <table style="width:100%; text-align: center;"> <tr> <td style="width:25%;">1-Month Short-Term Membership <input type="checkbox"/> \$25.00</td> <td style="width:25%;">4-Month Short-Term Membership <input type="checkbox"/> \$40.00</td> <td style="width:25%;">8-Month Short-Term Membership <input type="checkbox"/> \$55.00</td> <td style="width:25%;">12-Month Short-Term Membership <input type="checkbox"/> \$70.00</td> </tr> </table>						1-Month Short-Term Membership <input type="checkbox"/> \$25.00	4-Month Short-Term Membership <input type="checkbox"/> \$40.00	8-Month Short-Term Membership <input type="checkbox"/> \$55.00	12-Month Short-Term Membership <input type="checkbox"/> \$70.00								
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25 Donations																	
<p>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.</p> <table style="width:100%; text-align: center;"> <tr> <td><input type="checkbox"/> George Balch \$ _____</td> <td><input type="checkbox"/> J. Fitzsimmons \$ _____</td> <td><input type="checkbox"/> Keiko Fukuda \$ _____</td> <td><input type="checkbox"/> General Endow \$ _____</td> <td><input type="checkbox"/> Eichi Koiwai \$ _____</td> <td><input type="checkbox"/> Tamo Kitaura \$ _____</td> </tr> <tr> <td><input type="checkbox"/> Elizabeth Lee \$ _____</td> <td><input type="checkbox"/> John Osako \$ _____</td> <td><input type="checkbox"/> Ben Palacio \$ _____</td> <td><input type="checkbox"/> Noboru Saito \$ _____</td> <td><input type="checkbox"/> Operations \$ _____</td> <td style="background-color: #cccccc;"></td> </tr> </table>						<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 \$ _____	
<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 \$ _____												
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26 Cash or Check Payment <i>Pls DO NOT MAIL CASH</i>			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 • no@usjf.com

