



MEMBERSHIP APPLICATION

JA Member: \$20.00

Individual No Dojo/School: \$35.00

International: \$50.00

NAME: _____
MAILING ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
COUNTRY: _____ PHONE: _____
E-MAIL: _____
DOJO/SCHOOL: _____
WEBSITE: _____
MARTIAL ART(S) AND STYLE(S) PRACTICED: _____
RANK(S) HELD: _____
AFFILIATIONS: _____
SPONSORED BY: _____

MARTIAL ARTS HISTORY

Signature of Applicant: _____ Date: _____
*If under the age of 18, parental/guardian signature is required!

MAIL FORM WITH PAYMENT TO:
Jujitsu America
c/o Joe Souza
1755 E. Tuolumne Road
Turlock, CA 95382

Total Enclosed: \$ _____

Approved by: _____ Date: _____
(For Jujitsu America Board of Directors Use Only) (Acceptance Date)