



DOJO MEMBERSHIP APPLICATION

Dojo Membership: \$50.00

Life Member Dojo Membership: \$30.00

DOJO/SCHOOL NAME: _____
MAILING ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
WEBSITE: _____ PHONE: _____
DATE ORGANIZED: _____ CLUB HOURS: _____
MARTIAL ART(S) AND STYLE(S) PRACTICED: _____
OTHER AFFILIATIONS: _____
SPONSORED BY: _____

CHIEF INSTRUCTOR INFORMATION

NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
EMAIL ADDRESS: _____
JUJITSU RANK: _____ DATE OF RANK: _____
OTHER MARTIAL ARTS EXPERIENCE AND RANKS HELD: _____

OTHER CLUB REPRESENTATIVES (MUST JOIN SEPARATELY)

PRIMARY: _____ PHONE: _____
EMAIL ADDRESS: _____
ALTERNATE: _____ PHONE: _____
EMAIL ADDRESS: _____

Signature of Chief Instructor: _____ Date: _____

MAIL FORM WITH PAYMENT TO:

Total Enclosed: \$ _____

Jujitsu America
c/o Joe Souza
1755 E. Tuolumne Road
Turlock, CA 95382

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