



LIFE MEMBERSHIP APPLICATION

Please direct all Life Membership Applications to the Registration Chairman

NAME: _____ DOB: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

COUNTRY: _____ PHONE: _____

E-MAIL: _____

DOJO/SCHOOL: _____

MARTIAL ART(S) AND STYLE(S) PRACTICED: _____

RANK(S) HELD: _____

AFFILIATIONS: _____

SPONSORED BY: _____

Life Membership Status	One-Time Fee	Recurring Annual Active Membership Fee
Life Member	\$ 250	\$20
Silver Life Member	\$ 500	\$20
Gold Life Member	\$ 750	\$20
Patron Life Member	\$1,000	\$20

Signature of Applicant: _____ Date: _____

*If under the age of 18, parental/guardian signature is required!

MAIL FORM WITH PAYMENT:

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)