UNITED STATES JUDO FEDERATION

National Office

UNITED STATES JUDO FEDERATION FOUNDED 1952

Mailing Address:	**Telephone:**	**New Faxes:**	**Internet:**
P. O. Box 338	(541) 889-8753	(541) 889-5836	www.usjf.com
Ontario, OR 97914-0338		(541) 508-4203	no@usjf.com

APPLICATION FOR USJF LIFE MEMBERSHIP

Help support the United States Judo Federation through your Life Membership. All Life Membership fees are deposited into the USJF Endowment Trust Fund; the proceeds of which, are directly channeled to USJF development programs. Additionally, the USJF Life Membership fee is prorated according to your age at the time of registration:

Your Age	Your Fee	Your Age	Your Fee	Your Age	Your Fee	Your Age	Your Fee
30 & Under	$400.00	41 – 50	$350.00	61 – 70	$300.00	81 & Over	$250.00
31 – 40	$375.00	51 – 60	$325.00	71 – 80	$275.00		

The benefits that you receive are:

1. Free Admission to the USJF Nationals
2. Non-insur. portion of USJF annual mbrshp. waived (some yudanshakai may waive their fee also)
3. Receive special Life Member card & label pin
4. All USJF promotion fees are waived
5. Reduction in time-in-grade requirement for promotion

We also have an installment plan. You shall be required to submit an initial payment of at least $50.00, with the remainder to be paid in full within 24 months. There shall be no refunds. Life Membership benefits will commence when the full payment of the USJF Life Membership fee is completed.

Name: _____   Date of Birth: _____

Address: _____   Phone: _____

City: _____   FAX: _____

State: _____   Zip: _____   E-Mail: _____

Rank: _____   Certified by   [   ] USJF   [   ] USJI   [   ] USJA   Other (   )

If USJF, provide USJF Rank Number: _____

Club: _____   Yudanshakai : _____

Full Payment: $ _____   **Installment Program:** $ _____

[   ] Check   [   ] Visa   [   ] MasterCard   Account #: _____

Name On Card: _____   Exp Date: _____   V-Code: _____

Account Billing Address: _____

Issuing Bank: _____   Cardholder Signature: _____

If paying by check, please make your check payable to the "USJF". Mail completed application & payment to:
USJF National Office • P. O. Box 338 • Ontario, OR 97914-0338

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OFFICIAL USE ONLY

Date Received: _____   Check #: _____   LM #: _____

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