



LIFE MEMBERSHIP APPLICATION

DATE: _____

NAME: _____

SIGNATURE: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP/POSTAL CODE: _____

COUNTRY: _____ TELEPHONE: _____

E-MAIL: _____

WEB SITE: _____

AGE: _____ RANK: _____

DOJO: _____

OTHER ORGANIZATION AFFILIATIONS: _____

SPONSORED BY: _____

AMOUNT ENCLOSED: _____

<u>Life Membership Status</u>	<u>One-Time Fee</u>	<u>Recurring Annual Active Membership Fee</u>
Regular	\$250	\$10
Gold	\$500	\$10
Silver	\$750	\$10
Patron	\$1000	\$10

Please direct all Life Membership Applications to the Registration Chairman

(For Jujitsu America Board of Directors Use Only)

APPROVED BY

DATE OF ACCEPTANCE