



Jujitsu America

AFFILIATE GROUP INFORMATION FORM

AFFILIATE GROUP NAME: _____

MAILING ADDRESS: _____

WEB SITE: _____ PHONE: _____

DATE ORGANIZED: _____ NUMBER OF STUDENTS: (A) _____ (I) _____ (J) _____

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

OTHER AFFILIATIONS: _____

RENEWAL OR NEW MEMBER GROUP _____ IF RENEWAL, DATE LAST PAID: _____

SPONSORED BY: _____ PRACTICE HOURS: _____

REPRESENTATIVES:

PRIMARY: _____ PHONE: _____

E-MAIL: _____

ALTERNATE: _____ PHONE: _____

E-MAIL: _____

CHIEF INSTRUCTOR INFORMATION:

NAME: _____ AGE: _____ PHONE: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

COUNTRY: _____ E-MAIL: _____

JUJITSU RANK: _____ DATE OF RANK: _____

MARTIAL ARTS EXPERIENCE AND RANKS HELD: _____

NAMES OF ASSISTANT INSTRUCTORS AND RANK: _____

SIGNATURE OF CHIEF INSTRUCTOR

DATE OF APPLICATION

APPROVED BY

DATE OF ACCEPTANCE