



\$50.00

Please Mail Checks Made Out To Jujitsu America: 2822 Elmhurst Circle, Fairfield, CA 94533

JA DOJO MEMBERSHIP FORM

DOJO/SCHOOL NAME: _____

MAILING ADDRESS: _____

WEBSITE: _____ PHONE: _____

DATE ORGANIZED: _____

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

OTHER AFFILIATIONS: _____

SPONSORED BY: _____ CLUB HOURS: _____

CHIEF INSTRUCTOR INFORMATION: (Dojo Membership includes this person's membership)

NAME: _____ AGE: _____ PHONE: _____

EMAIL ADDRESS: _____

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

COUNTRY: _____ E-MAIL: _____

JUJITSU RANK: _____ DATE OF RANK: _____

OTHER MARTIAL ARTS EXPERIENCE AND RANKS HELD: _____

OTHER CLUB REPRESENTATIVES: (they MUST join separately)

PRIMARY: _____ PHONE: _____

E-MAIL: _____

ALTERNATE: _____ PHONE: _____

E-MAIL: _____

SIGNATURE OF CHIEF INSTRUCTOR

DATE OF APPLICATION

APPROVED BY

DATE OF ACCEPTANCE