



Membership Application

Name _____ Date _____

Address _____

City _____ Zip _____

Telephone: Home _____ Cell _____

Email (if over 18 yrs) _____

Date of Birth _____ Age _____

If under 18 years old:
Father/Parent/Guardian (print name clearly)

Email _____

Mother/Parent/Guardian (print name clearly)

Email _____

Where, if any, have you studied Judo before? _____ Rank _____

Where did you hear about Palo Alto Judo Club? _____

All applicants, students, and instructors are required to read and sign the waivers and join USJF insurance before participating in any practice/competition/activities associated with the Palo Alto Judo Club and USJF.

I agree to abide by all the rules and regulations established by this organization. I understand that the dues are payable each month.

Signature of Applicant or Parent if minor _____

Initial Membership fee- \$40 Monthly Dues- \$40/\$45 Judo Gi- \$50 Insurance from USJF –annual \$50 fee (payable to USJF)

