



# UNITED STATES JUDO FEDERATION

## National Office

**Mailing Address:**

P. O. Box 338  
Ontario, OR 97914-0338

**Telephone:**

(541) 889-8753

**Faxes:**

(541) 889-5836  
(413) 502-4983

**Internet:**

www.usjf.com  
no@usjf.com

## USJF BOOSTER MEMBERSHIP

(use Adobe Acrobat Reader to fill out & print this form)

Parents, Boosters, Friends, & Fans show your support for: Judo, your Dojo/Club, your Yudanshakai, and the USJF by becoming a Booster Member. Your \$15 Booster Membership will:

- Earn a \$5 rebate for your Chartered USJF Dojo/Club
- Increase your Yudanshakai's membership count towards more votes at the USJF National Meetings
- Provide financial support for the USJF and it's many programs

Please complete the section below & forward it to the USJF National Office.

### BOOSTER MEMBERSHIP APPLICATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_ Application Date: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Dojo/Club: \_\_\_\_\_ Yudanshakai: \_\_\_\_\_

Have you been a USJF member before?  YES  NO If "YES", list your USJF ID: \_\_\_\_\_

### PAYMENT INFO

Check - Please make check out to "USJF"

Visa  MasterCard  Discover

Name On Card: \_\_\_\_\_ Issuing Bank: \_\_\_\_\_

Account Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ V-Code: \_\_\_\_\_

Card Billing Address: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

Please mail completed form and payment to: USJF National Office • P. O. Box 338 • Ontario, OR 97914-0338

**Thank you very much for your support!**