

United States Ju-Jitsu Federation

The National Governing Body for Ju-Jitsu in the United States of America with the JJIF

ALLIED GROUP Membership Application

Organization: _____

Contact Person: _____

Address: _____

City: _____ State: _____ ZIP: _____

Work Phone: _____ Home Phone: _____

- Organizational Information -

Type:

Sole Proprietorship Partnership Corporation

Non-Profit Corporation Unincorporated Non-Profit Group

Art(s) or Style(s) Serviced:

Single Style or Art Any or All Specific Only

Please list Art(s) and/or Style(s): _____

Organizational Membership Data

President or other Chief officer: _____

List all other officers and titles:

Name / Title

Name / Title

Total Number of Black Belts: # _____
Total Number of Other Ju-Jitsuka: # _____
Total Number of Members # _____

I hereby make application for the _____
as an Allied Group Member with the United States Ju-Jitsu Federation (USJJF).
I affirm that I am the official representative of the above organization and that the
above organization recognizes without qualification that the United States Ju-
Jitsu Federation (USJJF) as the sole National Governing Body for Ju-Jitsu in the
United States of America.

President or Chief Officer

Secretary

(Printed Name)

(Printed Name)

(Signature)

(Signature)

ANNUAL FEE = \$250.00 (payable to USJJF)

For National Office Only:

Approved: _____ Date Processed: _____

Amount Paid: _____ Signature of USJJF Official: _____
