



Application for Membership

(Please print clearly)

Purpose of Form		
Applying for New Membership <input type="checkbox"/>	Modifying Personal Information <input type="checkbox"/>	Terminating Membership <input type="checkbox"/>

If modifying personal information please only fill out for the section requiring modification. If a name change is required please indicate both old name and new name.

Regional Federation		
Name	Current Age	Birthdate (mm/dd/yy)
Address		
Home Telephone/Mobile		
Email		
Dojo or Club Name		
Instructor		
Applicant Signature (If under 18 guardian signature required)	Date	
Regional Federation President Signature	Date	

USNF Annual Membership Dues	
Adults (over age 18)	\$40
Minors (under age 18)	\$20
Associate Members	\$20