



UNITED STATES NAGINATA FEDERATION, INC.

## APPLICATION FOR MEMBERSHIP

(Please print clearly)

REGIONAL FEDERATION: \_\_\_\_\_

NAME: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE (Home): \_\_\_\_\_ (Business): \_\_\_\_\_

FAX: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

DOJO OR CLUB NAME: \_\_\_\_\_

INSTRUCTOR: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

ANNUAL USNF MEMBERSHIP DUES ARE AS FOLLOWS (Fiscal year is April 1 to March 31):

Adults (Over 18 years of age)	\$40.00
Minors (Under 10 years of age)	\$20.00
ASSOCIATE MEMBERS	\$20.00