



## 2009 National Club Registration Application

### Instructions:

1. Please type or print all information legibly.
2. All information **MUST** be completed
3. Submit your completed application first to your Group "B" Organization (State Secretary)  
California Judo Inc., Secretary  
Vinh Chung  
1468 Fifth Avenue  
Belmont, CA 94002  
650-585-2188  
[vin@kodokangear.com](mailto:vin@kodokangear.com)
  - a. Include a check made payable to USA Judo for \$25.00
  - b. Include a separate check made payable to California Judo Inc. for \$25.00
4. If club coach/teacher has not had a background screen enclose the Background Screen application completed with a check for \$16. This screen is valid for four years if previously done.

Name of Club: \_\_\_\_\_  
(Submit name exactly as you would like to appear on certificate)

Mailing Address: \_\_\_\_\_  
P. O. Box or Street Address  
\_\_\_\_\_  
City State Zip Code

If the above is not the physical address of the club, please provide actual club location information:

\_\_\_\_\_  
Facility address – Number & Street location  
\_\_\_\_\_  
City State

Club Contact: Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
P. O. Box or Street Address  
\_\_\_\_\_  
City State Zip Code

Phone Contact: Home: ( ) \_\_\_\_\_  
Work: ( ) \_\_\_\_\_  
Club: ( ) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**Days and Hours of Club Operation (For Judo Purposes ONLY)**

Sun	Mon	Tues	Wed	Thurs	Fri	Sat

Effective January 1, 2004 all USA Judo member clubs must have a **USA Judo** recognized “**Certified Coach**” or “**Certified Teacher**” as the Instructor/Coach of record. Additionally, the individual must have undergone or must undergo a background screening in keeping with USA Judo’s Sex Abuse Molestation, and **Physical Abuse Policy and Screening**. A copy of this policy and the **Consent/Release Form for Background Screening** accompanies this application.

Please identify the qualified individual below and **include a copy of the current certificate**:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Certification Level Held: \_\_\_\_\_ Issued by What Organization: \_\_\_\_\_

Date of Current Certification: \_\_\_\_\_ Date of Expiration: \_\_\_\_\_

Is your club registered with either USJA or USJF?  No  Yes If yes which  JA  JF

Identify a minimum of five (5) individuals and their **current USA Judo** membership numbers, who hold membership in **this** club,

	Name (Please Print)	Expiration Date	Card Number
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____



**California Judo Inc.**  
**Application for Club Membership 2009**

The undersigned (applicant) hereby makes this application to become a club member of California Judo, Inc., a non-profit, public benefit, charitable, a tax-exempt corporation.

- The applicant hereby agrees by signing this application to adhere to and abide by and be governed by said corporation's Articles of Incorporation, By Laws and Code of Operation plus any and all amendments thereto.
- The yearly annual club (membership) dues are for the fiscal year January 1 to December 31.

**ANNUAL MEMBERSHIP DUES \$25.00**

1. (a) Club Name: \_\_\_\_\_

(b) Club location (Address) \_\_\_\_\_ (City) \_\_\_\_\_

(c) Club Phone: \_\_\_\_\_ / \_\_\_\_\_ - \_\_\_\_\_

2. (a) Head Sensei \_\_\_\_\_

(b) Home Phone: \_\_\_\_\_ / \_\_\_\_\_ - \_\_\_\_\_

(c) Cell Phone: \_\_\_\_\_ / \_\_\_\_\_ - \_\_\_\_\_

(d) E-Mail: \_\_\_\_\_

3. (a) Club President: \_\_\_\_\_

• Home Phone: \_\_\_\_\_ / \_\_\_\_\_ - \_\_\_\_\_

• Cell Phone: \_\_\_\_\_ / \_\_\_\_\_ - \_\_\_\_\_

• E-Mail: \_\_\_\_\_

(b) Club Vice President: \_\_\_\_\_

• Home Phone: \_\_\_\_\_ / \_\_\_\_\_ - \_\_\_\_\_

• Cell Phone: \_\_\_\_\_ / \_\_\_\_\_ - \_\_\_\_\_

• E-Mail: \_\_\_\_\_

(c) Club Secretary: \_\_\_\_\_

• Home Phone: \_\_\_\_\_ / \_\_\_\_\_ - \_\_\_\_\_

• Cell Phone: \_\_\_\_\_ / \_\_\_\_\_ - \_\_\_\_\_

• E-Mail: \_\_\_\_\_

4. 1<sup>st</sup> Delegate: \_\_\_\_\_

(b) Home Phone: \_\_\_\_\_ / \_\_\_\_\_ - \_\_\_\_\_

(c) Cell Phone: \_\_\_\_\_ / \_\_\_\_\_ - \_\_\_\_\_

(d) E-Mail: \_\_\_\_\_

5. 2<sup>nd</sup> Delegate: \_\_\_\_\_

(b) Home Phone: \_\_\_\_\_ / \_\_\_\_\_ - \_\_\_\_\_

(c) Cell Phone: \_\_\_\_\_ / \_\_\_\_\_ - \_\_\_\_\_

(d) E-Mail: \_\_\_\_\_

6. 3<sup>rd</sup> Delegate: \_\_\_\_\_

(b) Home Phone: \_\_\_\_\_ / \_\_\_\_\_ - \_\_\_\_\_

(c) Cell Phone: \_\_\_\_\_ / \_\_\_\_\_ - \_\_\_\_\_

(d) E-Mail: \_\_\_\_\_

7. 4<sup>th</sup> Delegate: \_\_\_\_\_  
(b) Home Phone: \_\_\_\_ / \_\_\_\_ - \_\_\_\_  
(c) Cell Phone: \_\_\_\_ / \_\_\_\_ - \_\_\_\_  
(d) E-Mail: \_\_\_\_\_

8. (a) Name of person submitting application: \_\_\_\_\_  
(b) Address: \_\_\_\_\_  
City: \_\_\_\_\_, CA ZIP: \_\_\_\_\_  
(c) Home Phone: \_\_\_\_ / \_\_\_\_ - \_\_\_\_  
Cell Phone: \_\_\_\_ / \_\_\_\_ - \_\_\_\_  
(d) E-Mail: \_\_\_\_\_

9. Signature of person submitting application: \_\_\_\_\_

10.. *Only those persons listed by you as Club Delegates, or as Club Officers will be recognized as authorized to cast votes at CJI meetings on your Clubs behalf. Those people must also be currently registered with USA Judo (USJI).*

For a club to be a member of California Judo Inc, club must also be a member of USA Judo (USJI).

Please forward all applications

**Vinh Chung**  
**1468 Fifth Avenue**  
**Belmont, CA 94002**  
**650-585-2188**

[vin@kodokangear.com](mailto:vin@kodokangear.com)

**PLEASE PRINT ALL INFORMATION**