



New York State Judo Incorporated  
2010 Application for Club Membership  
PLEASE TYPE OR PRINT. ANSWER ALL SECTIONS COMPLETELY  
Assigned Club Number: \_\_\_\_\_ Date: \_\_\_\_\_

**Section I: Name of Club** \_\_\_\_\_

**Section II: Club Contact and Voting Delegate**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_  
area code number area code number

Email \_\_\_\_\_

**Section III: Information on Chief Instructor**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone number \_\_\_\_\_ Fax Number \_\_\_\_\_  
area code number area code number

Email \_\_\_\_\_

Signature \_\_\_\_\_  
Certified by Kodokan \_\_\_\_\_ USA Judo \_\_\_\_\_ USJF \_\_\_\_\_ USJA \_\_\_\_\_ Other \_\_\_\_\_

**Section IV: Dojo Location and Hours**

Building Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax Number \_\_\_\_\_

Class Days & Times \_\_\_\_\_

Do you allow visitors? \_\_\_\_\_ Mat Fee (if any) \$ \_\_\_\_\_

**Section V:** Completed by \_\_\_\_\_ Date \_\_\_\_\_  
Signature

**Section VI:** This is a \_\_\_\_\_ new \_\_\_\_\_ renewal application.

Mail this application along with a check for \$25.00 payable to New York State Judo to:  
Billy Martin, 2 Joel Court, Huntington Station, New York 11746  
PLEASE MAKE A COPY FOR YOUR RECORDS