ALBERTA JIU-JITSU ASSOCIATION (AJJA)

APPLICATION FOR MEMBERSHIP

NAME _____ (LAST) _____ (FIRST)

ADDRESS _____

_____ (CITY) _____ (PROVINCE) _____ (POSTAL CODE)

DATE OF BIRTH _____ (YY/MM/DD) ☐ M or ☐ F (check one)

PHONE NO. _____ (HOME) _____ (BUSINESS) _____ (OTHER (SPECIFY))

OCCUPATION _____ EMAIL _____

PREVIOUS MARTIAL ARTS EXPERIENCE _____

MEDICAL PROBLEMS/CONCERNS _____

_____

_____

EMERGENCY CONTACT INFORMATION

NAME _____ NAME _____

PHONE NO. _____ PHONE NO. _____

RELATIONSHIP _____ RELATIONSHIP _____

I hereby agree to abide by the bylaws and objectives set out by the Alberta Jiu-Jitsu Association (AJJA).

_____ SIGNATURE OF APPLICANT

_____ WITNESS

_____ SIGNATURE OF PARENT/GUARDIAN (IF UNDER 18)

_____ NAME OF WITNESS

AJJA USE ONLY

DATE _____ FEE PAID _____ SCHOOL _____

RANK _____ INSTRUCTOR _____ MEMBERSHIP # _____