

## Ohio Judo, Inc. (OJI) Auxiliary Membership Application

Auxiliary Membership in OJI does NOT allow you to take part in any on-mat judo activities (or any physical aspects of Judo). This includes, but is not limited to, practices, clinics, demonstrations, competitions, etc. I realize and agree that prior to taking part in any such activities I will secure membership in, and insurance coverage through, USA Judo, the United States Judo Association or the United States Judo Federation.

\_\_\_\_\_  
Signature of Applicant      Date      Parent Signature (if applicant is under 18)      Date

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

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

E-mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex (M/F): \_\_\_\_\_ Citizenship: USA: \_\_\_ Other: \_\_\_

Judo Rank: \_\_\_\_\_ Issued by (organization): \_\_\_\_\_ Date Issued: \_\_\_\_\_

Club/Dojo: \_\_\_\_\_

Year Started Judo: \_\_\_\_\_ Are you an active Judo Player? \_\_\_\_\_

Other affiliations\*:      **Note: OJI membership is automatically included with USA Judo membership, therefore this application (and/or fee) is not required for USA Judo members.**

\_\_\_\_\_  
USA Judo #    Expiration Date    USJA #    Expiration Date    USJF #    Expiration Date    Other

\*Please submit a copy of your current national judo registration card along with this application

**Send this application (with a check to OJI in the amount of \$5.00) to: OJI Registration Chairman, Michael Mooney, 677 Alpha Drive, Cleveland, Ohio 44143.**