



CLUB MEMBERSHIP

PLEASE COMPLETE BEFORE PRINTING

Club Name _____

Club Director _____

Club Director's USSSA Member # _____

Telephone _____ - _____ - _____ - _____

Cell # _____ - _____ - _____ - _____

Fax _____ - _____ - _____ - _____

Email _____

Website _____

Mailing Address _____

City _____ State _____ Zip _____

Physical Address _____

City _____ State _____ Zip _____

Youth Club _____ Adult Club _____ Both _____ Membership Level A, B, or C _____

REMEMBER: Club Director MUST have a valid member of the USSSA Karate Program, if you are not a valid member, complete your individual membership prior to club. **IMPORTANT:** By applying for a membership with the USSSA Karate Program.

I _____ agree to abide by all rules, regulations, guidelines, of the United States Specialty Sports Association Karate Program. Failure to follow said regulations may result in suspension of membership and/or other penalties. No individual who has been convicted of any crime involving sexual misconduct may obtain an individual or club membership.

Signature of Club Director _____ Date _____

Return with appropriate fee to:

FEE AMOUNT _____

USSSA National Karate Program
611 Line Drive
Kissimmee, Florida 32793
PH 321-206-1114 or Fax 407-386-9788
Karate@ussakarate.com

Payment Method:
____ PayPal ____ Check ____ Visa ____ MasterCard ____ Discover
Credit Card # _____
Expiration Date ____ / ____

USSSA NATIONAL KARATE PROGRAM
National Headquarters 611 Line Drive, Kissimmee, Florida 32793
PH: 321-206-1114 FAX 407-386-9788 National Headquarters 321-697-3634
Email: Karate@USSSAKarate.com

Electronic Signature: