



INDIVIDUAL MEMBERSHIP
PLEASE COMPLETE BEFORE PRINTING

Membership Category (Please Check One) New Member ___ Renewing Member ___
 Athlete ___ \$35 Coach ___ \$45 Official ___ \$45 Donation (volunteer) ___ \$45

PLEASE PRINT CLEARLY

Male ___ Female ___ Member Number _____ (renewal only)

Last Name _____ First Name _____

Mailing Address _____

City _____ State ___ Zip _____

Country _____

COUNTRY CODE

Date of Birth ___ / ___ / _____ Telephone ___ - ___ - ___ - _____

COUNTRY CODE

Age ___ (as of August 1st) Fax # ___ - ___ - ___ - _____

Email _____

Instructor _____

School Name _____

Club Code _____

I _____ agrees 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. I also attest that the individual whose is applying for membership has not been convicted of any crime involving sexual misconduct may obtain an individual or club membership.

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@usssakarate.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: