

## APPLICATION FOR MEMBERSHIP

NAME: \_\_\_\_\_ MALE: [ ] FEMALE [ ]

HOME ADDRESS: \_\_\_\_\_

POSTAL CODE \_\_\_\_\_ HOME PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ MARITAL STATUS: \_\_\_\_\_

HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

CLUB NAME: \_\_\_\_\_

CLUB ADDRESS: \_\_\_\_\_

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### JIUJITSU RECORD

RANK: \_\_\_\_\_ DATE OF RANKING: \_\_\_\_\_

CLUB: \_\_\_\_\_ INSTRUCTOR: \_\_\_\_\_

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### OTHER MARTIAL ARTS RECORD (IF APPLICABLE)

RANK: \_\_\_\_\_ DATE OF RANKING: \_\_\_\_\_

CLUB: \_\_\_\_\_ INSTRUCTOR: \_\_\_\_\_

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**To assist your application for membership in the canadian jiu-jitsu council please attach photocopies or any diplomas, membership cards or any other relevant material.**

***If my application is accepted agree to abide by the rules, regulations and by-laws as determined by the Canadian Jiu-jitsu Council.***

**I hereby declare that to the best of my knowledge that the foregoing statements are true.**

SIGNED: \_\_\_\_\_ DATED \_\_\_\_\_

**PLEASE FORWARD THIS APPLICATION AND DOCUMENTATION TO**

**CANADIAN JIUJITSU COUNCIL  
5255 LAKESHORE RD. UNIT 40  
BURLINGTON, ONTARIO  
L7L 5X8**