



Bahamas Judo Federation

P.O. Box N8784 * Joe Farrington Rd * Nassau, Bahamas

* 364-6773 * Email: Daishihan@gmail.com

Individual Membership Application

Instructions:

1. Please type or print all information legibly.
2. All information MUST be completed.
3. Submit your completed application to the BJF office or President

Name of Member: _____

P.O. Box : _____

Member Contact:

Name: _____

Physical Address: _____

Email Address: _____ Phone _____

All BJF Members must belong to a BJF recognized Association

Association Name: _____

Chief Instructor of Association: _____

Membership Level (check 1 – Make all Checks Payable to Bahamas Judo Federation)

☐ Club (\$100)

☐ Coach (\$30)

☐ Referee (\$20)

☐ Member (\$20)

☐ International Competitor (\$50)

Signature (Parent if under 18) _____ Date _____

For Office Use Only

Membership accepted? Y/N

Amount of Fee Paid