



# Bahamas Judo Federation

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

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

## Association 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 Association: \_\_\_\_\_

P.O. Box : \_\_\_\_\_

### Association Contact:

Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone \_\_\_\_\_

**All BJF Associations must have a BJF recognized Coach as the instructor/Coach of record.**

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Certification Level Held: \_\_\_\_\_ Issued by what Organization \_\_\_\_\_

**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