

American Ju-Jitsu Association

Membership Application Form



— AMERICAN —
JUJITSU
— ASSOCIATION —

DOJO APPLICANT INFORMATION

Your Name: _____

Home/Cell Phone: _____

Home address: _____

City: _____ State: _____ Zip: _____

E-mail address: _____

Work Phone (optional): _____

Your Age: _____ Years Teaching Ju-Jitsu: _____

Your Occupation/Profession: _____

Education [check highest attained]:

- High school Some college College grad Graduate degree
- Current/final military rank if any: _____

Have you ever been convicted* of a violent crime or a sexual offense? (Yes/No) If "yes", give charges, dates, and resolution. Attach an additional page if needed.

Conviction of a crime does not automatically exclude you from consideration. We consider the type of crime, and how long ago it occurred.

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Your Present Ju-Jitsu Rank: _____

Date Rank Received: _____

Name of Ryu: _____

Instructor's Name and rank: _____

Rank(s) in Other Martial Arts (specify the art(s) and date(s) rank received):

Reference #1 name: _____ Phone #: _____

Reference #2 name: _____ Phone #: _____

Reference #3 name: _____ Phone #: _____

DOJO INFORMATION

Name of your Dojo: _____

Dojo Phone: _____ Dojo website if any _____

Dojo address: _____

City: _____ State: _____ Zip: _____

Class Days and Times: _____

Years teaching at this dojo: _____ Number of current students: _____

Number of Brown/Black Belts who have studied or are studying under you: _____

Briefly Describe Your Student Ranking System (e.g., ranks used, belt colors):

Remember to include with your Dojo application form*:

1. A dated copy of your most recent promotion certificate.
2. A summary of your belt-rank requirements or teaching curriculum.
3. A 10 to 20-minute video demonstrating your teaching and curriculum.
4. A copy of your Dojo "Participant Release/Waiver" form.
5. Names and phone numbers of at least three references.
6. A recent photo of yourself.

*All of these can be sent electronically. If sent by postal mail, please send four copies including four DVDs. Everything sent will be treated confidentially.

I certify that all the above is true. I consent to a criminal background check. I agree that if I am accepted for membership in the AJA that I will abide by the AJA Constitution and Bylaws, available on the organization's web site, to the best of my ability. I also agree that *all participants in my dojo will become paid members of the AJA, at a fee of \$20 each per calendar year*. I also understand that violation of the Constitution & Bylaws could result in suspension and/or revocation of all AJA certifications and benefits. I grant the AJA permission to use my name, rank, dojo name, dojo location and class schedule on its website and other publications.

Type or sign your name here to confirm the above:

Applicant Name (print) : _____

Dojo Name (print) : _____

Applicant Signature: _____ Date: _____

Send your completed application, including the short video and all related materials to:

Tyler Garner
AJA Vice President and Chair of the NSCB
P.O. Box 73
Phoenix, MD 21131-0073
United States of America
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