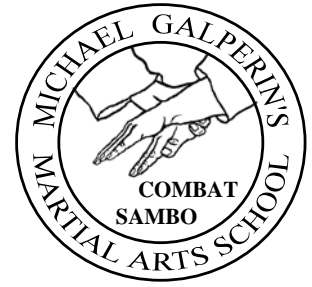




The United States Combat SAMBO Association
Membership Application



U.S.C.S.A
36 Alton Place, Suite 1, Brookline, MA 02446, USA
Tel: (617)731-5234 - Cell: (617)413-0660

Please print or type:

(Last Name) (First Name) (Middle) (Date of Birth)

(Address)

(City) (State/Province) (Country) (Zip Code) (Home Telephone)

(Occupation) (Employer) (Employer Telephone)

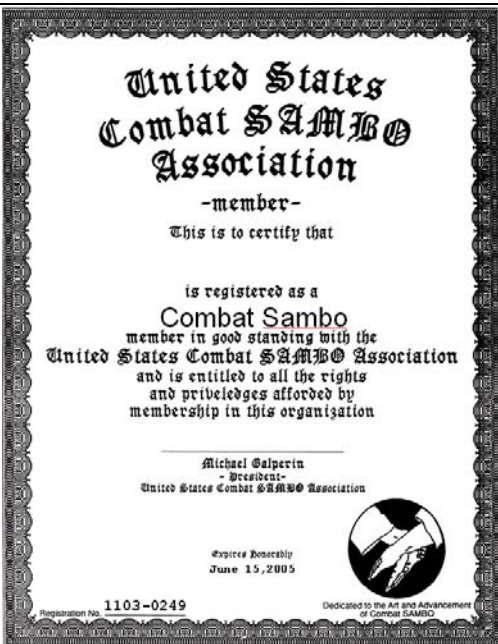
Martial Arts Background (Start from present)

Style	Started (Mo/Yr)	Rank	Date Acquired	Club/School	Location

Are you the head instructor of a martial arts club/school? (Yes/No) ____
If yes, please complete the following:

(School Name) (School Address) (School Telephone)

List memberships in other martial arts organizations: _____



Membership Options	
Membership	Fee
Individual Annual Membership	\$45.00
Individual Annual Renewal	\$35.00
Individual Lifetime Membership	\$100.00
Club Lifetime Membership	\$150.00
Date Paid: _____ Fee Paid: _____	

Please make check or money order payable to: U.S.C.S.A.

Recommended by: _____

Applicant Signature: _____

Date: _____

(Signature of parent or guardian required if applicant is under age 18)

Parent/Guardian Signature: _____

Date: _____