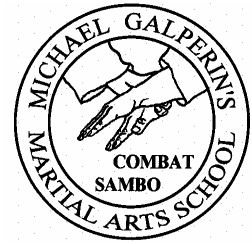


The United States Combat SAMBO Association



Membership Application



U.S.C.S.A.

36 Alton Place, Suite 1, Brookline, MA 02446

Tel. (617) 731-5234, Cell: 617 413-0660

Please print or type:

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

(Present Address) (City) (State/Province) (Country)

(Zip/Postal Code) (Home Telephone)

(Occupation) (Employer) (Employer Address) (Business Telephone)

Martial Arts Background

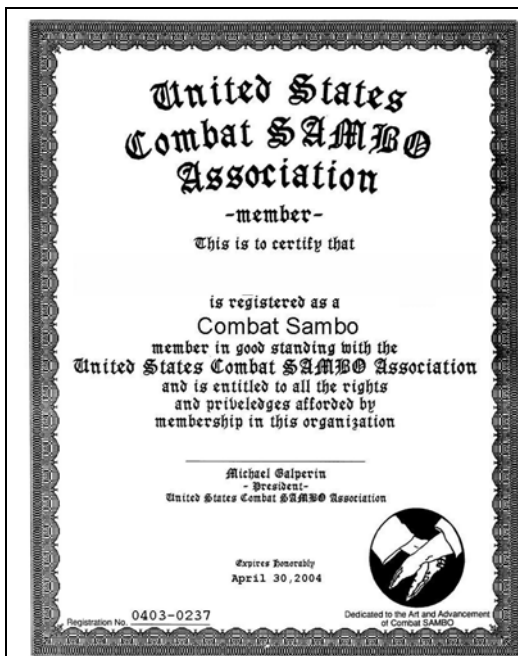
Style Start from present	Started Mo/Yr	Rank	Date Acquired	Club/School Name	Location

Are you head instructor of a martial arts club/school? (Yes/No) _____

If yes, please complete the following:

(Name of School) (Address) (Telephone Number)

List Memberships in other martial arts organizations: _____



Annual or Lifetime Membership	
	Fee \$(US)
Individual Annual Membership	\$35.00
Individual Annual Renewal	\$25.00
Individual Lifetime Membership	\$100.00
Club Annual Membership	\$150.00
Date Paid: _____	Fee Paid: _____

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

Recommended by: _____

Applicant's
Signature: _____

Date: _____

Signature of parent or guardian if applicant is under

18: _____

Date: _____