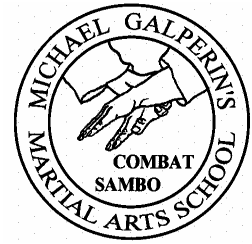


The United States Combat SAMBO Association



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)

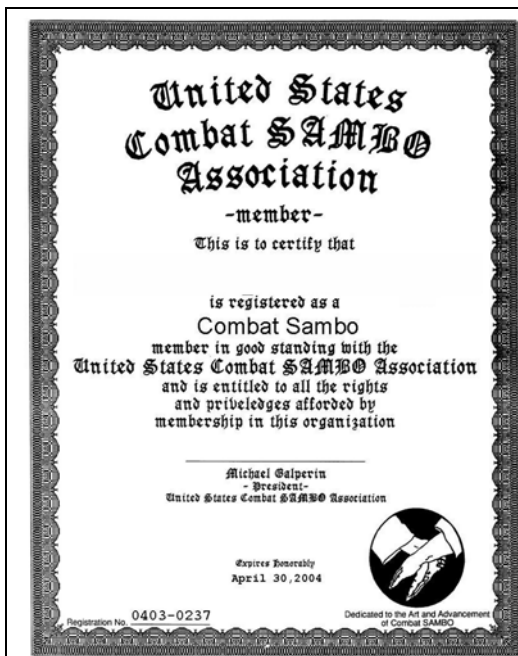
Martial Arts Background

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: _____