



TM

# Professor Jay's Small Circle Jujitsu

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## MEMBERSHIP SUBSCRIPTION

WRITE CLEARLY PLEASE

NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

 MALE FEMALE

DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ZIP CODE: \_\_\_\_\_ CITY: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

 FIRST SUBSCRIPTION SUBSCRIPTION RENEWAL

(SCJ N°: \_\_\_\_\_)

CURRENT RANK IN SCJ: \_\_\_\_\_ PROFESSOR NAME: \_\_\_\_\_

OTHER RANKS IN MARTIAL ARTS: \_\_\_\_\_

SCHOOL NAME: \_\_\_\_\_

STYLE STUDIED: \_\_\_\_\_ PROFESSOR NAME: \_\_\_\_\_

MEMBER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

IF UNDER 18, SIGNATURE OF THE PARENTS OR TUTOR: \_\_\_\_\_ DATE: \_\_\_\_\_

\*\*\* DO NOT WRITE IN THIS BOX \*\*\*

NEW MEMBER (SCJ # \_\_\_\_\_) AMOUNT PAID \_\_\_\_\_ CHECK# \_\_\_\_\_

RENEWAL (SCJ # \_\_\_\_\_) DUES LAST PAID \_\_\_\_\_

VERIFIED BY: \_\_\_\_\_ DATE \_\_\_\_\_

(SCJ I REGISTRATION CHAIRPERSON)

APPROVED  REJECTED

\* WRITE CHECKS TO: PROFESSOR LEON JAY \*  
\* PLEASE ALLOW 4 TO 6 WEEKS FOR PROCESSING \*

FORM REV. 12-05-2009