

JNS Club Registration Form 2017-18



Conditions of membership:

Your request for membership with Judo NS represents your agreement to abide by the rules, regulations, policies and codes of Judo NS.

Legal Club Name: _____

Operating Club Name: _____

Please check one: For Profit _____ Non-Profit _____

Club Owner/President: _____

Phone Number: _____

Email: _____

Head Sensei: _____

Contact Info:

Mailing Address: _____

City: _____

Province: _____ Postal Code: _____

Phone Number: _____

Email: _____

The annual club membership fee of \$100 is payable to the **Judo Nova Scotia Society**. This can be paid by cheque and either mailed or dropped off to:

Judo Nova Scotia
c/o Graham Young
5516 Spring Garden Road, 4th Floor
Halifax, NS
B3J 1G6

Club Authorization Signature (print neatly): _____

Signature: _____

Date: _____