



United States Karate Alliance, Inc.

P.O. Box 20609 Albuquerque, NM 87154
888-979-USKA (8752) • uskaratealliance@gmail.com • www.uskaratealliance.com



KYU RANK MEMBERSHIP APPLICATION

New Memberships

Renewals

<input type="checkbox"/> New 1 year Membership - \$59 Includes a USKA patch and membership card	<input type="checkbox"/> Individual 1 year Membership Renewal -\$49 Includes a USKA patch and membership card
<input type="checkbox"/> New 1 year Membership with Certificate - \$79 Includes a USKA patch, membership card and certificate (white-Brown)	<input type="checkbox"/> Family 1 year Membership Renewal - \$139 Includes a patch and membership card
<input type="checkbox"/> New 1 year Family Membership - \$139 Includes USKA patches and membership cards for each	Promotions
<input type="checkbox"/> New 1 year Family Membership with Certificates - \$179 Includes USKA patches, membership cards and certificates for each (whit-Brown)	
	<input type="checkbox"/> Promotion Certificate (white – brown) \$20 please provide documentation to uskaratealliance@gmail.com
	<input type="checkbox"/> Promotion Certificate (black belt) please provide documentation and contact uskaratealliance@gmail.com price TBD
	For Black Belt Application, please contact uskaratealliance@gmail.com

First Name: _____ Last Name: _____
 Date of Birth: ____/____/____ Age: ____ Sex: M / F Phone: _____-_____-_____
 Email: _____
 Dojo Email: _____
 Address: _____ City: _____
 State: ____ Zip: _____ Instructor: _____
 School: _____ Style: _____
 Rank: _____ Date rank acquired: ____/____/____ Month/Year Started: ____/____

IF RENEWING: USKA Member Number: _____
 Present Expiration Date: ____/____/____ Date of last Rank Promotion: ____/____/____

If applying for a Family Membership, please list additional family members and their information below.

First Name: _____ Last Name: _____
 Date of Birth: ____/____/____ Age: ____ Sex: M / F
 Rank: _____ Date rank acquired: ____/____/____ Month/Year Started: ____/____

First Name: _____ Last Name: _____
 Date of Birth: ____/____/____ Age: ____ Sex: M / F
 Rank: _____ Date rank acquired: ____/____/____ Month/Year Started: ____/____

• Any applicant under 18 must attach a copy of his / her birth certificate or email it prior.

Applicant's Signature: _____ Date: ____/____/____

Check payable to: **United States Karate Alliance, Inc.** Credit Card: Visa MasterCard Discover

CC# _____ (Amex is not accepted at this time)

Expiration Date: ____/____/____ CVV: _____

Cardholder's Signature: _____ Date: ____/____/____

Phone: _____-_____-_____-_____

Exhibit 5

This Application good through 12/31/2025