



# Membership Application

(Please Print Clearly)

Date \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

\*\*REQUIRED E-Mail Address: \_\_\_\_\_

USJSA Yearly Membership: \$100.00

Total Remitted: \_\_\_\_\_

**Full membership required to compete in USJSA competition**

Mail Completed Application To:

USJSA  
2021 Center Ave  
Payette, ID 83661

**\*\* Email Addresses are required for correspondence \*\***

**Membership Expires at the close of old business at the national meeting.**