



2005 – 2006 Membership Application
Membership year runs August 1, 2005 to July 31, 2006

Please print clearly or type the following:

☐ New Member ☐ Renewal

Renewing Membership # _____

Last name _____ First name _____ M I _____

Birth date ____/____/____ ☐ Male ☐ Female

U.S. Citizen? ☐ Yes ☐ No.

If NO, Permanent Resident? ☐ Yes, Issue Date ____/____/____

If NO, Visa? ☐ Yes Country of Citizenship _____

Division: _____
See reverse for details.

Competition Club: _____
Type: ☐ School ☐ Club
Coach: _____

Secondary Club: _____
Type: ☐ School ☐ Club
Coach: _____

Emergency Contact Name _____
Phone number _____

Primary mailing address: ☐ Home ☐ School ☐ Employer
Effective Dates: ____/____/____ to ____/____/____

Street _____ Suite/Apartment # _____

City _____ State _____ ZIP _____

(____) ____ - ____ (____) ____ - ____

Home Phone _____ Home Fax _____

(____) ____ - ____ (____) ____ - ____

Work Phone _____ Work Fax _____

E-mail 1: _____
☐ Home ☐ School ☐ Employer

E-mail 2: _____
☐ Home ☐ School ☐ Employer

☐ Check here if you would not like to receive fencing information by e-mail.

Secondary address: ☐ Home ☐ School ☐ Employer
(Members away at school please include home address)

Street _____ Suite/Apartment # _____

City _____ State _____ ZIP _____

MEMBERSHIP FEE: (See reverse for details)

See reverse to receive a confirmation of RECEIPT OF MEMBERSHIP

Membership includes subscription to *American Fencing*

1 year memberships expire 7/31/06; 3 year memberships expire 7/31/08

Competitive

| | | | | | |
|---------|----------------------------------|--------------------------------|------------------|--------------------------------|--------------------------------|
| | 1 year | 3 year | | 1 year | 3 year |
| Senior* | <input type="checkbox"/> \$50 | <input type="checkbox"/> \$130 | Junior* | <input type="checkbox"/> \$50 | <input type="checkbox"/> \$130 |
| Coach | <input type="checkbox"/> \$50 | <input type="checkbox"/> \$130 | Veteran* | <input type="checkbox"/> \$50 | <input type="checkbox"/> \$130 |
| Life | <input type="checkbox"/> \$1,200 | | Supporting Life* | <input type="checkbox"/> \$120 | |

Non Competitive

| | | | |
|------------------|-------------------------------|-----------------|-------------------------------|
| | 1 year | | 1 year |
| Parent Associate | <input type="checkbox"/> \$40 | Coach Associate | <input type="checkbox"/> \$40 |
| Associate | <input type="checkbox"/> \$40 | | |

Family* ☐ \$100

One subscription per family membership
 Maximum of 2 competitive members per family membership

Attach separate application for each family member

Please list the names of the family members below

Competitive

Associate

| | |
|----------|----------|
| 1. _____ | 1. _____ |
| 2. _____ | 2. _____ |

CIRCLE the number of the PERSON to RECEIVE the SUBSCRIPTION to
American Fencing

CONTRIBUTION: ☐ \$100 ☐ \$50 ☐ \$25 ☐ Other: _____

The USFA is a 501 (c)(3) non-profit organization.

Contributions are tax deductible to the extent allowed by law.

PAYMENT METHOD: PLEASE DO NOT SEND CASH

US Fencing memberships are non-refundable and non-transferable

☐ Check (Make checks payable to USFA) ☐ Credit Card
 \$25 fee for returned checks

☐ VISA ☐ MasterCard ☐ Discover ☐ American Express

Credit Card # _____

Exp. Date _____

Signature _____

Mandatory Authorized Cardholder Signature

Total amount enclosed \$ _____

YOU MUST SIGN WAIVER OF LIABILITY OR MEMBERSHIP WILL BE NULL AND VOID. Upon

entering events sponsored by the USFA and/or its member Divisions, I agree to abide by the rules of the USFA, as currently published. I understand and appreciate that participation in a sport carries a risk to me of serious injury, including permanent paralysis or death. I voluntarily and knowingly recognize, accept and assume this risk and release the USFA, their sponsors, event organizers and officials from any liability.

Member's Signature _____

Parent's or Legal Guardian's Signature*
 (*Required for members under 18)

Date of application: ____/____/____