



United States Karate Alliance, Inc.

P.O. Box 20609 Albuquerque, NM 87154
uskaratealliance@gmail.com • www.uskaratealliance.com



MEMBERSHIP AND RENEWAL APPLICATION

New Memberships

☐ New 1 year Membership - \$59

Includes a USKA patch, certificate and membership card

☐ New 1 year Family Membership with Certificate - \$129

Includes USKA patches, membership cards and certificates

☐ Individual Lifetime Membership \$350

Includes 2 USKA patches, membership card and certificate

☐ Family Lifetime Membership \$700

Includes USKA patches, membership cards and certificates for each

BLACK BELT APPLICATIONS MUST INCLUDE COPIES OF ALL RANK

CERTIFICATES AND A SHORT RESUME

**CERTIFICATION OF BLACK BELT RANK WILL BE REVIEWED
BY HEADQUARTERS**

Renewals

☐ Individual 1 year Membership Renewal - \$49

Includes a USKA patch and membership card

☐ Family 1 year Membership Renewal - \$99

Includes a patch and membership card

Promotions

☐ Promotion Certificate (white - brown) \$20

please provide documentation to uskaratealliance@gmail.com

☐ Promotion Certificate (black belt) **please provide documentation and
contact uskaratealliance@gmail.com price TBD**

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 on a separate sheet with the same information as above.

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

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: ____ Zip Code: _____

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

Phone: ____-____-____

Exhibit 5