

TOMIKI AIKIDO OF THE AMERICAS

MEMBERSHIP FORM

Each TAA sensei is responsible for collecting membership dues for his or her club and for remitting said dues to the TAA each year. Individuals not affiliated with a sanctioned TAA club can also use this form to pay for an individual membership.

Annual membership includes the following benefits:

- Four quarterly issues of *The Aikido Times*, the official TAA newsletter.
- Insurance coverage when practicing at your own TAA dojo and when you participate at tournaments and seminars sanctioned by the TAA.
- Discounts on TAA books, DVDs, and merchandise.
- Discounts at all TAA clinics, seminars, and tournaments.

The insurance coverage includes a \$1 million liability benefit and \$2 million aggregate benefit for participants and facilities; a \$25,000 maximum medical expense benefit (\$100 deductible per claim); a \$12,500 accidental death and dismemberment benefit; and a \$25,000 maximum dental coverage benefit. This policy is with a rated insurance company with decades of athletic insurance experience.

THE ANNUAL MEMBERSHIP FEE IS \$20.00 PER PERSON

Please return this form by e-mail to nettles@tomiki.org. Payment can be made by credit card on-line at www.tomiki.org/join.html or by sending a check made out to the "Japan Aikido Association USA" to the address given on the next page. If you are paying for all of the members of your club, then please list the names and e-mail addresses for all the members of your club using the blanks provided on the next page. The name and address to be filled out immediately below this paragraph are for the person making the payment, whether you are a sensei making a payment for your entire club or a non-affiliated individual making a payment for yourself.

Name: _____ Date: _____

Address: _____

E-mail Address: _____

Phone Number: _____ FAX: _____

Information About Your Dojo or Practice Location:

Dojo Name: _____

Address: _____

Phone Number: _____

Dojo Website: _____

PLEASE MAKE CHECKS PAYABLE TO:

**Tomiki Aikido of the Americas
5752 S. Kingston Way
Englewood, CO 80111**

Please indicate how many memberships you are paying for:

Number of memberships: _____

Club Membership List

If you are paying for all the members of your club using this application, then please list their names and addresses below. If you have a big club and need more lines, please add them yourself.

Please note: The TAA newsletter is sent out via e-mail as a PDF file to keep expenses down and reduce membership costs. Please put in an e-mail address for all members who have e-mail. If there is no e-mail address available for your member, please print a copy for them.

	NAME	E-mail/Mailing Address
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____
9.	_____	_____
10.	_____	_____
11.	_____	_____
12.	_____	_____
13.	_____	_____
14.	_____	_____
15.	_____	_____
16.	_____	_____
17.	_____	_____
18.	_____	_____
19.	_____	_____
20.	_____	_____