



Application for Judo School Affiliation

Date: _____

The

[Name of Organisation]

of

[address of Dojo]

Organisation's Email Address: _____

Organisation's Phone No. _____

hereby applies for affiliation with the Australian Judo Union Inc. and nominates _____

to be the Senior Coach and representative of the above named Judo School. The above named Senior Coach/Representative is/is not a member of the Australian Judo Union Inc. and an application for their membership of the Australian Judo Union is/is not attached.

Is your Judo School an incorporated association? _____

What are the names of the people who are responsible for the governance and management of your judo school? Please also provide their names role/position below.

Approximately how many judo players are members of your judo school and actively participate in judo related activities in your organisation?

Is your Judo School a member of another Judo organisation which operates in Australia. Please provide the name of that organisation.

What are the training times of your judo school? _____

Does your Judo School have a compliant COVID19 Safety Plan? _____

If “yes” please attached a copy of your Judo School’s COVID19 Safety Plan to this application.

Declaration

Upon approval of this application by the AJU Board, the organisation agrees to be bound by the constitution, bylaws, rules and policies of the Australian Judo Union Inc.

The organisation also agrees that:

- (a) The organisation shall maintain a minimum membership of 5 members who are in good standing with the Australian Judo Union.
- (b) The organisation agrees that all judo activities shall be supervised by a coach who is approved and accredited by the Australian Judo Union.
- (c) The organisation declares that it is not a member of another Australian based judo organisation.
- (d) The organisation agrees that if this application is successful it will be placed on a minimum probationary period of two years.

I certify and declare that the above information provided is true and correct.

Signed _____ Date: _____

Application must be nominated by a Senior Member of the Australian Judo Union.

Nominated by: _____ Date _____

(signature)

Name of Nominator: _____

Upon approval of this application an invoice will be emailed to the organisation for payment within 7days.

Please scan and email a copy of this completed form to admin@australianjudounion.com