



UJA Membership Form

Official Name of the Club	
Official Abbreviation	
Known training location/Venue	

Contact Address

Provide the official contact address for the Federation			
Physical Address			
Postal Address			
Office Phone Contact: Line 1			
Office Phone Contact: Line 2			
E-mail			
Website (URL)			
Facebook Account			
Twitter Account			
Other Social Media Accounts			
Provide the Names and contact addresses of the following contact persons			
Portfolio	Name	E-mail	Phone Contact
Chairperson			
Vice Chairperson			
Secretary			
Treasurer			
Office tenure of Executive (i.e. 2020-2022)			

Return filled form to:
 Uganda Judo Association
 Plot 96 Makamba Rd, Rubaga
 P.O. Box 21004, Kampala Uganda
 Tel : +256 776 692914, +256 700 175797
 Email : judo.uganda@gmail.com cc. ags.investigatorts@gmail.com

Membership Fees:

Annual Subscription Fees: UGX 500,000/=



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Composition of the Club

List and Details of Member Universities

Portfolio	Name	Sex	E-mail	Phone Contact
Coach/Technical personnel				
Player (Seniors)				
Player (Youths)				
Player				
Player				
Player				
Member				

Note: Provide proof of consent by parent/guardian for players below 18 years

Describe the major annual activities of your club

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Attach copies of the following

Item	Status (e.g attached/not applicable)
Signed Copy of the Clubs Constitution	
Letter of certification of legality by the government Authority	
A5 hard & soft Copy of the club Logo/Emblem	
Minutes of the last Club Meeting Held	
Where the Club is a government institution, attach support letter from the relevant supervising department	
Photo proof of players in uniform	

I, the undersigned, certify that the information provided above is accurate.

(Name, Function and Signature)

(Date)

Stamp

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