



Membership Registration

CLUB NAME: _____ CLUB # _____

INFORMATION - MUST BE COMPLETE

1st Family Member

OR

Subsequent Member

Please circle: Mr. Ms. Miss Mrs. PREVIOUS MEMBER# and/or PREVIOUS CLUB: _____

NAME: FIRST MI LAST

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: HOME _____ BUS. _____

E-MAIL: _____ @ _____ SEX: M or F DOB: MO DAY YR USA CITIZEN: Y or N

1. PRIMARY ACTIVITY (Choose one): Parent/Guardian Coach Competitive Skater Recreational Skater
 U.S. Figure Skating Official/Officer Club Officer/Board Member Other

2. CHECK ANY OTHERS THAT APPLY: Adult Skater Synchro Collegiate Competitive Skater Coach
 Recreational Skater Parent/Guardian U.S. Figure Skating Official/Officer Club Official/Volunteer

3. ELIGIBILITY STATUS (Choose one): Eligible Ineligible Restricted
(See eligibility rules)