

Northern Ice Skating Club

Registration Form

July 1, 2009 - June 30, 2010

Please submit before June 30, 2009

Mail to: Sandi Phelan (Telephone 630-587-2285)

40W865 Campton Woods Drive

Elburn, IL 60119

Part 1 – Member Identification (Complete ONE FORM per MEMBER)

Name _____ USFSA# _____
 (As you would like it to appear on test certificates, etc.) (If you ever had one)

Gender: M or F Date of Birth (mm-dd-yy): _____ USA Citizen: Y or N

Part 2 - Membership Categories & Annual Dues: (Check only 1 box and complete as appropriate)

- Junior Skater** (under 18 years) **\$90.00**
- Parent Member – Separate membership form needed.** **FREE**
 One **Parent/Guardian membership is mandatory** for family with at least 1 junior skater.
Please complete a separate membership form for Parent Member.
- Full Member** (Skater/Non-skater – 18 years & older) **\$70.00**
 Full voting privileges. Can test, compete, hold board position.
- Collegiate Member** (Skater in full-time attendance at university or college) **\$125.00**
One-time 4-year membership! Full voting privileges. Can test, compete, hold board position.
- Additional Family Member** (skater or non-skater)..... **\$40.00**
 At same mailing address as another Northern Ice Skating Club member. NO EXCEPTIONS. Full member privileges.
- Associate Member** **\$40.00**
 Skater is a current member of another Home Club. Can test at Northern Ice test session without additional fees, but **MUST** have home club permission. Home Club Name: _____

Please make check payable to Northern Ice Skating Club. Thank you.

Total Due _____

Part 3 - Additional *Mandatory* Information.

Address: _____

City, State, Zip: _____

Family E-mail Address: _____ Home Phone: _____

Primary Coach's Name: _____

Synchro Team (if applicable): _____

Primary activity (Check 1):

<input type="checkbox"/> Competitive Skater	<input type="checkbox"/> Recreational Skater	<input type="checkbox"/> Collegiate Skater
<input type="checkbox"/> USFSA Officer / Official	<input type="checkbox"/> Club Officer/Board Member	<input type="checkbox"/> Coach / Choreographer
<input type="checkbox"/> Parent / Guardian	<input type="checkbox"/> Other	

Check other activities:

<input type="checkbox"/> Adult Skater	<input type="checkbox"/> Synchro Skater	<input type="checkbox"/> Collegiate Skater
<input type="checkbox"/> Competitive Skater	<input type="checkbox"/> Coach	<input type="checkbox"/> Recreational Skater
<input type="checkbox"/> Parent/Guardian	<input type="checkbox"/> USFSA Officer / Official	<input type="checkbox"/> Club Officer

Club use only below this line

Check # _____ Amount Received: \$ _____ Date Received: _____