

Northern Ice Skating Club

Registration Form

For Membership Year July 1, 2011 - June 30, 2012

Includes membership in U.S. Figure Skating

We do not prorate membership fees.

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

40W865 Campton Wood Drive

Elburn, IL 60119

Email: Membership@northernice.org

Part 1 – Member Identification (Complete ONE FORM per FAMILY living at the SAME ADDRESS - NO exceptions)

Member Name	USFSA # (if you ever had one)	Date of birth (mm/dd/yy)
	Gender M / F	USA Citizen Y / N
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Part 2 - Membership Categories & Annual Dues: (Check 1 box per Member and complete as appropriate)

(✓)	Description	Fee
	Junior Skater - under 18 years, as of July 1, 2010	\$100
	First Time Skater -Junior Skater who <i>never</i> had a US Figure Skating membership number, other than Basic Skills	\$75
	Parent Member - One Parent/Guardian membership is mandatory for family with at least 1 Junior/First Time Skater	FREE
	Full Member - Skater/Non-skater, 18 years & older. Full voting privileges. Can test, compete, and hold board position.	\$80
	Collegiate Member - Must be in full-time attendance at university or college. One-time 4-year membership! Full voting privileges. Can test, compete, and hold board position	\$125
	Additional Family Member - Skater or non-skater. Full member privileges.	\$45
	Associate Member Skater - Current member of another Home Club. Can test at Northern Ice test session without additional fees, but MUST have home club permission. State Home Club here:	\$45
Total Due	Total Due - Please make check payable to Northern Ice Skating Club. Thank you.	

Part 3 - Additional Mandatory Information

Address	
City, State, Zip	
Family Email Address	Phone No.
Primary Coach's Name	
Synchro Team (if applicable)	

- Primary activity (Check only 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: _____