U. S. Figure Skating

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: _____ US 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
___ Recreation Skater ___ Parent/Guardian ___ U.S. Figure Skating Official/Officer ____ Club Official/Volunteer

3. ELIGIBILITY STATUS (Choose one): ____ Eligible ____ Ineligible ____ Restricted
(See Eligibility Rules)

REV. *3/04*