

Carolinas Figure Skating Club Membership Application

July 1, 2010 - June 30, 2011



CHECK ONE:

- New Member (has never had USFSA membership)
- CFSC Renewal
- Transfer *Required for Transfers: Previous Home Club* _____ USFSA# _____

APPLICANT PROFILE *ALL FIELDS MUST BE COMPLETED:* The information below will be provided only to USFSA and not to any third parties.

Name _____ DOB ____/____/____ Gender M F
 Address _____ City _____ State _____ Zip _____
 Main/Preferred Phone _____ Alternate Phone _____
 Email _____ U.S. Citizen Yes No
 If Youth, Parent /Guardian's Name _____ Relationship _____ DOB ____/____/____

Applicant's *primary activity* (circle ONE):

Adult Skater	Recreational Skater	Parent/Guardian	Club Officer/Board Member
Competitive Skater	Coach	USFSA Official/Officer	Other _____

MEMBERSHIP TYPE (check one box)

- HOME CLUB FAMILY MEMBERSHIP - \$120 Includes USFSA Membership (includes 1 skater under age 18 and 1 parent)
 \$10 each additional member: 1. _____ DOB ____/____/____ 2. _____ DOB ____/____/____
- Home Club Individual Adult Membership (18 and older) - \$115 Includes USFSA Membership
- Coach (Professional) Membership - \$50 Includes USFSA Membership *Must be over 18 and teach private lessons at least 1 hr/week*
- Home Club Family TRIAL Membership - \$65 Includes USFSA Membership (includes 1 skater and 1 parent)
ONLY FOR FIRST TIME CLUB MEMBERS
- Collegiate membership— \$130 for 4 years *This membership is for rising college freshmen only*
- Associate Coach (Professional) Membership - \$50 *Must have USFSA Membership at another club*
- Associate Club Membership - \$50 *Must have USFSA Membership at another club*

In consideration of the approval of this membership, I agree to be bound by and abide by the Bylaws and Rules of the CFSC, including the USFSA Code of Conduct. I understand that my membership is subject to approval by the CFSC Board of Directors and that the total dues are due and payable upon signing and submitting this application form. My signature below indicates that I have read, understand, and agree to the above terms.

APPLICANT'S SIGNATURE _____ DATE _____
 (Signature of parent/guardian if applicant is under 18 years of age)

Make checks payable to: *Carolinas Figure Skating Club* (a \$25 fee will be assessed on returned checks)
 Mail to: Linda Allen, Membership Committee Chairman, 7346 Versailles Lane Charlotte, NC 28277
 Membership Questions? Linda Allen 704-544-0250 or lindaskates@aol.com