

Ithaca Figure Skating Association Membership for: July 1, 2015 - June 30, 2016

Acceptance of membership in the Ithaca Figure Skating Association subjects the member to all rules and regulations of the Club and requires that each member support the Club activities. The Club reserves the right to refuse or cancel any membership.

Name (circle: Mr., Miss, Mrs., Ms.)		Home Phone
Street or P. O. Box		Work or Cell Phone
City	State	Zip Code
Email address:		USFSA No.: Home Club:
If you are a new Home Club member, please provide name of previous Home Club:		
Previous Home Club:		Year:
Circle one: Male / Female	Senior Member (18 or older): Yes / No	Junior Member (under 18): Yes / No
Birth date: / /	(required for ALL persons)	US Citizen: Yes No
HIGHEST TESTS PASSED:		
Moves in the Field:	Free skate:	
Pairs:	Dance:	

Primary Activity (choose one): Parent/Guardian Coach Competitive Skater Recreational Skater
 U.S. Figure Skating Official/Officer Club Officer/Board Member Other

Membership Fees

Please put a check mark next to the fee for appropriate membership (one membership application per person).

- Home Club Member (incl. USFS membership) _____ \$75.00
- Introductory Member (incl. USFS membership – for first time members) _____ \$60.00
- Each Additional Family Member (incl. USFS membership) _____ \$45.00
- Associate Member (USFS member of another USFS club) _____ \$35.00
- Club Supporter (does not incl. USFS membership) _____ \$25.00

If under 18:

Parent/Guardian Name: _____

Address: _____

E-mail: _____ Phone: _____

I hereby apply for membership in the Ithaca Figure Skating Association, for and in consideration of the acceptance by the Ithaca Figure Skating Association of my application for membership, I hereby waive any right to claim damages against the Club, it's officers, directors, and members, and release any and all of them from any liability which may arise out of my membership therein.

Member's Signature: _____ Date: _____

Parent's or Legal Guardian's Signature (if member is under 18 years of age):
 _____ Date: _____

Please complete the information requested above. Attach payment & return to: **Membership Chair, IFSA, c/o Teresa VanOrman, 3972 Black Street, Scipio Center, NY 13147.**
 Make checks payable to: **Ithaca Figure Skating Association**