



MEMBERSHIP APPLICATION

(Please use one form per person)

July 1, 2010 – June 30, 2011

MEMBERSHIP:

Regular Home Club Membership (Junior or Senior)*	\$85_____
Each Additional Family Member, Home Club-same address (excluding Professionals) ^	\$30_____
Associate Member (Home club elsewhere)	\$45_____
Interim Membership: Home or Associate. (between Jan 15 – June 30)	\$45_____
Supporting Member	\$100_____
Introductory Membership (1 st Year USFS Member)	\$42.50_____
Scholarship Fund Contribution	\$_____

Please note that if you will be using Club Ice for any reason (ie practice or testing) you must also complete and submit the Emergency Medical Release Form.

Professional Membership – Please complete Professional Membership form available by request or at www.stlouisskatingclub.org

Note: Senior members are 18 or older.

* includes U.S.F.S.A. membership and a subscription to *Skating* magazine.

^ U.S.F.S.A. membership

I (senior member or parent/guardian) am interested in volunteering for the following activities:
_____ Newsletter _____ Publicity _____ Tests _____ Fundraising _____ Board position or Chair
_____ Hospitality _____ Gateway Invitational _____ Regionals Exhibition _____ Ice Monitor

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail Address: _____

Birthdate: _____ U.S. Citizen? (circle one) YES NO

Parent/Guardian Name (if Junior Member) _____

U.S.F.S.A. Number (Leave blank if first time joining the U.S.F.S.A.): _____

If previously a member, but U.S.F.S.A membership lapsed, please indicated club and last year associated _____

Home Club (if joining as an Associate) _____

Coach(es): _____

For new members, highest U.S.F.S.A. test passed and date:

Moves _____ Freestyle _____

Pairs _____ Dance _____



Buzz Book:

I DO DO NOT (circle one) want to be listed in the Buzz Book.

Please note that Buzz books will be sent out via email to members on the St. Louis Skating Club Email Mailing List.

Please Check here if you have no internet access and would prefer a paper copy of the Buzz book.

E-Mail List: Please Check if you listed an email address but **do not** wish to be on the clubs announcement email list.

I hereby release and hold harmless the St. Louis Skating Club, its Officers, Directors, and independent contractors for any claim for damages which may arise from my participation in Club activities. I agree to comply with Club policy regarding monitoring, volunteering, and fundraising or to pay non-participation fees as set by the Club's Board of Directors. I further agree that agree to comply with the rules of U.S. Figure Skating, as prescribed in the 2009 Official USFSA Rulebook and the St. Louis Skating Club, and further agree that I may be subject to appropriate discipline for any violations of those rules.

Applicant Signature: _____ Date: _____

Parent/Guardian Signature (Junior Members) _____

I give permission for the use of my/my child's photograph or photographic image in St. Louis Skating Club publications, including the web site. Web site photographs will not identify the skater. I hereby release all rights to photographs utilized by the St. Louis Skating Club and release the St. Louis Skating Club from any liability for their use.

Applicant Signature _____ Date: _____

Parent/Guardian Signature (Junior Members) _____

Make check payable to St. Louis Skating Club or provide Visa/Mastercard card information:
_____ Exp: _____ 3 digit security code: _____

Mail completed application to:

Kristin Joy
2944 Harvest Meadow Drive
Belleville, IL 62221

Questions? Contact Kristin Joy at Kristin.Joy@att.net or (618) 355-9282

Note: Applications are reviewed by the St. Louis Skating Club Board for approval. THANK YOU for joining.