# *All Year Figure Skating Club, Inc.*
## Membership Form
## July 1, 2009 - June 30, 2010

Acceptance of membership in the All Year Figure Skating Club 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.

| | | |
|---|---|---|
| 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 |

Birthdate: _____/_____/_____ (required for ALL persons) **US Citizen: Yes No**

HIGHEST TESTS PASSED:

| | |
|---|---|
| Moves in the Field: | Freeskating: |
| Pairs: | Dance: |

**NEWSLETTER: HOW DO YOU WANT IT DELIVERED EMAIL _____ POSTAL MAIL _____ (Please mark preference)**

### Membership Fees

Please circle fee for appropriate membership application. Only one membership application per form will be accepted.

| | |
|---|---|
| Home Club Member | $90.00 |
| Each Additional Family Member | $80.00 |
| Second Club Member | $50.00 |
| Each Additional Family Member | $40.00 |
| Professional Club Member (USFS clearance required) | $60.00 |
| Associate Senior Member (This is a non-skater senior membership with all rights of Full Senior Membership except skating club sessions) | $55.00 |
| Introductory Home Club Member (Applicable if applicant has never been a registered USFSA member with any club and only applies for the first year of membership) | $45.00 |

AMOUNT OF MEMBERSHIP FEE ENCLOSED $_____

I hereby apply for membership in the All Year Figure Skating Club, Inc. For and in consideration of the acceptance by All Year Figure Skating Club 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 of Legal Guardian's Signature: _____ Date: _____
(if member is under 18 years of age)

Please complete the information requested above and attach payment for the appropriate membership fees. A form for each family member must be completed and returned to the Membership Chair. Please make checks payable to All Year FSC. Returned checks subject to a $30 fee. Mail membership application and fees to:

Ms. Helene Krasner, Membership Chair
635 30th Street, Hermosa Beach, CA 90254
424-247-9217 hjkrasner@aol.com

Application approved: Date: