



GEORGIA FIGURE SKATING CLUB

Membership Application

July 1, 2010 – June 30, 2011

**Instructions:**

1. Please read the categories for membership (on back) before completing this application.
2. Complete the application in its entirety for registration with GaFSC and the USFS.
3. The membership fee must be paid in full PRIOR to submitting applications for competing or testing.
4. Complete, sign, and mail with payment to:

Karyn Thomas (Membership Chair)
 1483 Shoresedge Court
 Lawrenceville, GA 30043
 (678) 640-0253

(Make checks payable to: Georgia FSC)

APPLICANT INFORMATION

(Check one) **First Skater** **Second Skater** **Subsequent Skater**

Last Name: _____ First Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Birthdate: ____/____/____ **Male** / **Female** **U.S. Citizen:** **Yes** / **No**
 USFS Number: _____ Home Club (if NOT GaFSC) _____
 Home Phone: _____ Cell Phone: _____
 Email: _____
 Home Rink (Ex: Atlanta Ice Forum) _____ Other Rinks _____
 Coach(es): _____

1. PRIMARY ACTIVITY (Choose One): Parent/Guardian Coach Competitive Skater Recreational Skater
 US Figure Skating Official/Officer Club Officer/Board Member Other
2. CHECK ANY OTHERS THAT APPLY: Parent/Guardian Coach Competitive Skater Recreational Skater Adult Skater
 US Figure Skating Officer/Official Club Officer/Board Member Synchro Collegiate Other

FIRST PARENT or SPOUSE (Check one) **Parent** **Spouse** (Please note rules for Parent Membership eligibility on back)

Last Name: _____ First Name: _____
 Birthdate: ____/____/____ **Male** / **Female** **U.S. Citizen:** **Yes** / **No**
 USFS Number: _____
 Email: _____

1. PRIMARY ACTIVITY (Choose One): Parent/Guardian Coach Competitive Skater Recreational Skater
 US Figure Skating Official/Officer Club Officer/Board Member Other
2. CHECK ANY OTHERS THAT APPLY: Parent/Guardian Coach Competitive Skater Recreational Skater Adult Skater
 US Figure Skating Officer/Official Club Officer/Board Member Synchro Collegiate Other

SECOND PARENT or FAMILY MEMBER

Last Name: _____ First Name: _____
 Birthdate: ____/____/____ **Male** / **Female** **U.S. Citizen:** **Yes** / **No**
 USFS Number: _____
 Email: _____

1. PRIMARY ACTIVITY (Choose One): Parent/Guardian Coach Competitive Skater Recreational Skater
 US Figure Skating Official/Officer Club Officer/Board Member Other
2. CHECK ANY OTHERS THAT APPLY: Parent/Guardian Coach Competitive Skater Recreational Skater Adult Skater
 US Figure Skating Officer/Official Club Officer/Board Member Synchro Collegiate Other

continued...

2010 – 2011 GAFSC MEMBERSHIP CATEGORIES

(Check one category)

- | | | |
|--------------------------|---|-----------------|
| <input type="checkbox"/> | Full Skating Membership | \$100.00 |
| | <ul style="list-style-type: none"> • FREE - 2 Parent/Spouse/Family GaFSC Social + USFS memberships • Additional Family GaFSC Social + USFS memberships - <i>\$15.00/person</i> • <u>1st time GaFSC membership fee prorated; Jan – Mar \$90.00; April – June \$60.00</u> | |
| <input type="checkbox"/> | Second Full Skating Membership | \$ 75.00 |
| <input type="checkbox"/> | Subsequent Full Skating Membership | \$ 50.00 |
| <input type="checkbox"/> | GaFSC Coach (Professional) / Official non-skating Membership | \$ 40.00 |
| | <i>PSA Number</i> (Coaches are PSA members) _____ <ul style="list-style-type: none"> • Additional Spouse/Family GaFSC Social + USFS memberships - <i>\$15.00/person</i> | |
| <input type="checkbox"/> | GaFSC Coach – Test and Compete | \$ 75.00 |
| | <i>PSA Number</i> (Coaches are PSA members) _____ <ul style="list-style-type: none"> • FREE - 2 Parent/Spouse/Family GaFSC Social + USFS memberships • Additional Family GaFSC Social + USFS memberships - <i>\$15.00/person</i> | |
| <input type="checkbox"/> | GaFSC Judge Membership (Full Skating/Testing Privileges) | \$ 40.00 |
| | <ul style="list-style-type: none"> • Additional Family GaFSC Social + USFS memberships - <i>\$15.00/person</i> | |

ASSOCIATE MEMBERSHIPS

- | | | |
|--------------------------|---|-----------------|
| <input type="checkbox"/> | Associate Judge/Coach Membership (please circle judge or coach) | \$ 25.00 |
| | <i>Home Club</i> (USFS membership MUST be with another club) _____ | |
| <input type="checkbox"/> | Associate Membership (Club ice is <u>NOT</u> included, Clinics/Shows Included) | \$ 25.00 |
| | <i>Home Club</i> (USFS membership MUST be with another club) _____ <ul style="list-style-type: none"> • FREE - 2 Parent GaFSC memberships | |
| <input type="checkbox"/> | Associate Skating Membership WITH CLUB ICE | \$100.00 |
| | <i>Home Club</i> (USFS membership MUST be with another club) _____ <ul style="list-style-type: none"> • FREE - 2 Parent GaFSC memberships | |

OTHER GAFSC MEMBERSHIPS

- | | | |
|--------------------------|---|------------------|
| <input type="checkbox"/> | Social Membership (Non-skating membership, USFS member) | \$ 40.00 |
| | <ul style="list-style-type: none"> • Additional Family GaFSC Social + USFS memberships - <i>\$15.00/person</i> | |
| <input type="checkbox"/> | Special Olympics Skater | No Charge |
| | <ul style="list-style-type: none"> • FREE - 2 Parent/Spouse/Family GaFSC Social + USFS memberships • Additional Family GaFSC Social + USFS memberships - <i>\$15.00/person</i> | |
| <input type="checkbox"/> | Life Membership | No Charge |
| | <ul style="list-style-type: none"> • Board appointment only | |

Applicant hereby agrees that in consideration of acceptance of the Membership Application, applicant shall pay all dues and fees required by the Georgia Figure Skating Club (GaFSC) for the current skating year and agrees to abide by the by-laws of the GaFSC and US Figure Skating (USFS), particularly for competition and/or testing requests and approval for publicity. If skater is under 18 years of age, application must be signed by Parent or Guardian.

Applicant/Parent Signature: _____ Date: _____