

North Jersey Figure Skating Club - MEMBERSHIP APPLICATION - Membership year runs 7/1/11 thru 6/30/12

Please complete all fields carefully and legibly. Note family last name differences.

Name of First Family Member: (Provide names of other family members on page 2)		Miss, Ms., Mrs., Mr., Dr.	Home Telephone
Address			Work Telephone
City	State	Zip Code	Cell Telephone
<i>E-Mail (At least 1 CURRENT e-mail per family required!) Club communication is by E-Mail.:</i>		US Skating Number	U.S. Citizen (Y/N) Coach's Name

Membership Application <input type="checkbox"/> Renewing Club Member <input type="checkbox"/> Transferring to NJFSC from another USFS Club <input type="checkbox"/> Moving from Basic Skills <input type="checkbox"/> Second Club	Membership Type <input type="checkbox"/> Regular/Family Membership <input type="checkbox"/> Collegiate: Year in School: _____ <input type="checkbox"/> Coach <input type="checkbox"/> US Skating Official <input type="checkbox"/> Non-Skater <input type="checkbox"/> Life Member	Primary Skating Interest (Check one) <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Coach <input type="checkbox"/> Competitive Skater <input type="checkbox"/> Recreational Skater <input type="checkbox"/> US Skating Official <input type="checkbox"/> NJFSC Board Member Do you compete for a foreign country? <input type="checkbox"/> Yes <input type="checkbox"/> No Name of Country: _____	Skater/Coach Status (circle) Are you a Skater? <u>Y or N</u> Are you a Coach? <u>Y or N</u> Do you skate & teach? <u>Y or N</u> Basic Skills ONLY coach? <u>Y or N</u> <input type="checkbox"/> Eligible <input type="checkbox"/> Restricted (most are <input type="checkbox"/> Ineligible <input type="checkbox"/> Reinstated eligible)
Keep Confidential (will be printed in Club Directory unless box is checked below) Please Do Not Print: <input type="checkbox"/> Home Address <input type="checkbox"/> Home Telephone <input type="checkbox"/> E-Mail Address	Date of Birth of First Skater Required by US Skating _____ (mm/dd/yyyy) Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	Club Status (NJFSC to be my) <input type="checkbox"/> Home Club <input type="checkbox"/> Second Club * What is Your Home Club (if applying as Second Club member): _____	Secondary Skating Interest <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Coach <input type="checkbox"/> Competitive Skater <input type="checkbox"/> USFS Official <input type="checkbox"/> NJFSC Board Member <input type="checkbox"/> Other <input type="checkbox"/> Adult <input type="checkbox"/> Synchro <input type="checkbox"/> Collegiate <u>Volunteer to Help Club</u> <input type="checkbox"/> I/we would like to be a volunteer

Please note that membership is not pro-rated. The membership year runs from July 1, 2011 through June 30, 2012!

Note: If you are changing home clubs during the current membership year See US Skating rule MR 8.05.

Membership Fees:

A

Donations (Voluntary)

B

North Jersey is a 501 (c) 7 Corp.

Family Membership (**BEST VALUE 4 family members**)

\$145.00

Competition Fund

\$ _____

Parents must be members to have voting rights and a voice in club activities.

Single Individual Membership (Test & Compete; Collegiate and coaches who test and compete)

\$85.00

General Fund

\$ _____

Other Membership Types:

Non-Skater (Does not Skate or Test)

\$65.00

Coaches (MUST comply with USFS background check and insurance requirements)

\$50.00

Life/US Skating Official (need to submit this form) No fee

Check # _____

** Check Amount (A + B) _____

** Make check payable to NJFSC

NJFSC club membership fees include US Skating dues, 1 Skating Magazine per family and all benefits of NJFSC membership*.

The information stated above is complete and accurate. Coaches: you must comply with US Skating Guidelines.

As the member or parent/guardian, I/we fully understand the obvious hazards associated with ice skating and do hereby Release the North Jersey Figure Skating Club from any liability or claim for injuries or damage that may occur at any events or practices sponsored by the North Jersey Figure Skating Club.

Member: _____ Dated: _____

Parent/Guardian: _____ Dated: _____

(Signature required if member is under 18 years of age)

Print Name of Parents/Guardians _____

Return to: North Jersey Figure Skating Club, c/o Fran Schultz, 280 Main St., #410, Little Falls, NJ 07424 fschultz@optonline.net
 973-890-5893. Need Info? Contact: Rick Breitweiser rfskate@optonline.net; www.northjerseyfsc.org. Club Phone: 201-358-6581

***Review web site and brochure for membership benefits**

Renewing Club Member Transferring to NJFSC Moving from Basic Skills

Name of <u>Next</u> Family Member:		Miss, Ms., Mrs., Mr., Dr.	Home Telephone
Address		Date of Birth	Sex:
City	State	Zip Code	Work Telephone
<i>E-Mail (At least 1 CURRENT e-mail per family required!) Club communication is by E-Mail.:</i>		US Skating Number	U.S. Citizen (Y/N)
			Coach's Name

Primary Skating Interest (Circle One): Parent/Guardian, Coach, Competitive Skater, Recreational Skater, USFS Officer/Official, Club Officer/Board Member
 Secondary Interest (Circle One): Parent/Guardian, Coach, Competitive Skater, Recreational Skater, USFS Officer/Official, Club Officer/Board Member, Other, Adult, Synchro, Collegiate
 Would you like to be a volunteer for club activities? Yes No

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