



Columbus Figure Skating Club

Membership Application

July 1, 2011 – June 30, 2012

CHECK ONE:

- New Member (** never a member of USFSA before)**
 CFSC Renewal
 Transfer: Previous Home Club _____
 USFSA Number: _____

1st Family Member **OR** **Subsequent Family Member**

Please circle: Mr. Ms. Miss Mrs.

NAME: _____ DOB: ____/____/____

ADDRESS: _____ City: _____ State: ____ Zip: _____

TELEPHONE: Home: _____ Cell: _____ Work: _____

E-MAIL: _____ Gender: (M or F) USA CITIZEN: (Y or N)

If youth, Parent or Guardian's Name: _____ Relationship: _____

Applicant's PRIMARY ACTIVITY (Choose one): Adult Skater Competitive Skater
 Recreational Skater Coach Parent/Guardian U.S. Figure Skating Official/Officer
 Club Official/Board Member Collegiate

* **Photo/Video Release:** I give consent for photos/videos of my child/myself to be published in Columbus FSC publications. Yes / no

* **Club Permission letter:** I would like to receive a Permission Letter from the Club for use with competition registrations. Yes / no

Membership Type – Please circle

- | | |
|--|---------|
| <input type="checkbox"/> Home Club Member | \$85.00 |
| <input type="checkbox"/> Second Family Member Home Club | \$25.00 |
| <input type="checkbox"/> First Time Full US Figure Skating Member | \$65.00 |
| <input type="checkbox"/> Second Family Member also First Time Full US Figure Skating Member | \$20.00 |
| <input type="checkbox"/> First Year Collegiate Member | \$85.00 |
| <input type="checkbox"/> 2 nd , 3 rd & 4 th Year of Collegiate Membership (please circle) | \$25.00 |
| <input type="checkbox"/> Collegiate Non Home Club; Home Club _____ | \$25.00 |
| <input type="checkbox"/> Non Home Club Member; Home Club _____ | \$55.00 |
| <input type="checkbox"/> I would like to donate \$ _____ to CFSC. | |
| Check # _____ Amount paid _____ | |

Please make checks payable to "Columbus Figure Skating Club".
Mail to: Anne Miller-Cohen @ 332 Glyn Tawel Drive, Granville Ohio 43023