

North Jersey Figure Skating Club - MEMBERSHIP APPLICATION - Membership year runs 7/1/09 thru 6/30/10

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"/> New USFS Skater <input type="checkbox"/> Renewing Club Member <input type="checkbox"/> Moving to NJFSC from another USFS Club <input type="checkbox"/> Moving from Basic Skills to Full Club Membership	Membership Type <input type="checkbox"/> Regular/Family Membership <input type="checkbox"/> Life (voted by Club Board) <input type="checkbox"/> Non-Skater <input type="checkbox"/> Coach <input type="checkbox"/> US Skating Official	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 * <u>What is Your Home Club</u> (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, 2009, through June 30, 2010!

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

<u>Membership Fees:</u>	<u>A</u>	<u>Donations (Voluntary)</u>	<u>B</u>
<u>Family Membership (BEST VALUE)</u> Parents must be members to have voting rights and a voice in club activities.	\$130.00 <input type="checkbox"/>	<u>North Jersey is a 501 (c) 7 Corp.</u> Competition Fund	\$ _____
<u>Single Individual Membership</u> (Test & Compete; includes Basic Skills coach who tests and competes)	\$75.00 <input type="checkbox"/>	General Fund	\$ _____
<u>Other Membership Types:</u>			
<u>Non-Skater</u> (Does not Skate or Test)	\$55.00 <input type="checkbox"/>		
<u>Coaches</u> (MUST comply with USFS Rules Except Basic Skills ONLY coaches)	\$45.00 <input type="checkbox"/>		
<u>Life/US Skating Official</u> (need to submit this form)	No fee <input type="checkbox"/>		

Check # _____ ** Check Amount (A + B) _____
 ** Make check payable to NJFSC

NJFSC club membership fees include US Skating dues, Skating Magazine 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 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**

New USFS Skater Renewing Club Member Moving to NJFSC Moving from Basic Skills to full membership

Name of Next Family Member:		Miss, Ms., Mrs., Mr., Dr.	Home Telephone
Address		Date of Birth	Sex:
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

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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