Starlight Ice Dance Club Of The Twin Cities

July 1, 2009 - June 30, 2010 Membership Application

U.S. Figure Skating Number:		*Date of Birth:			
*Skater Name: Ms/Miss/Mrs/Mr					
*Address:				*Gender: Female / Male	
*City, State, ZIP:				*U.S. Citizen: Yes / No	
Home Phone: Work Phone:					
E-mail address					
Parent/Guardian Name, if skater und	der age 18:				
Eligibility Status: Skating Motivation: □ Eligible (✓ Check all that apply -AND- ♂ Circle the primary activity.) □ Ineligible □ Competitive Skater □ Recreational Skater (Participated in unsanctioned activity) □ Adult Skater □ Coach □ Synchro □ Collegiate Skater □ Restricted □ Parent/Guardian □ Club Officer / Board Member (By reason of employment) □ U.S. Figure Skating Officer / Official □ Other * Item is required for membership by U.S. Figure Skating □ Check here if new address					
<u>Dance:</u>	Freestyle:	Move	es: <u>Co</u>	ach's Name, Phone:	
Highest U.S. Figure Skating Test Passed:					
MEMBERSHIP TYPE: Note: Annual dues are not prorated for a partial year membership. □ Home Club Member – First Family Member (good for 1 year) Starlight will be my Home Club. Club dues include annual U.S. Figure Skating dues and Skating Magazine. □ Home Club Member – Additional Family Member (good for 1 year) Starlight will be my Home Club. Club dues include annual U.S. Figure Skating dues. □ Home Club Member – Collegiate Member (good for 4 years) Starlight will be my Home Club. Club dues include annual U.S. Figure Skating dues and Skating Magazine. □ Associate Member (good for 1 year) My Home Club for U.S. Figure Skating membership is: (Full U.S. Figure Skating club name please)					
I hereby apply for skating membership in the Starlight Ice Dance Club of the Twin Cities (Starlight). I agree to comply with the Starlight rules, as stated in the bylaws (available at www.geocities.com/starlighticedance), when participating in any Starlight activities. I recognize that Starlight has been formed to promote ice dancing. It is understood that the Starlight will take reasonable means to provide a safe experience for its membership; however, it is further understood that ice skating is inherently dangerous and neither Starlight nor its officers or board members assume any financial responsibility for any accidents that may occur.					
Applicant Signature:	ardian Signature if under	40		Date:	
Return ① this form ② payment to Starlight l		TO:	Starlight Ice Da c/o Jenae Willia 2901 Aquila Av	ams, Membership Chair	

2901 Aquila Ave N New Hope MN 55427-2433 763-525-1172