



Arrowhead Figure Skating Club

APPLICATION FOR MEMBERSHIP NEW MEMBERS ONLY

NAME:		OCCUPATION:			
ADDRESS:		PHONE: ()			
CITY:		STATE:		ZIP:	
AGE (IF UNDER 18)	BIRTHDATE: / /		ARE YOU AN AMATEUR?		
HIGHEST USFSA TEST PASSED:	FIGURE:	MOVE-IN-FIELD	FREE SK:	PAIR:	DANCE:
E-MAIL ADDRESS:					

MEMBERSHIP FEES:

	Junior (16 and under)	Senior
If Arrowhead FSC is Home Club	\$63.00 <input type="checkbox"/>	\$65.00 <input type="checkbox"/>
Second Family Member	\$40.00 <input type="checkbox"/>	\$42.00 <input type="checkbox"/>
If Arrowhead FSC IS NOT Home Club	\$29.00 <input type="checkbox"/>	\$31.00 <input type="checkbox"/>
Associate Member	\$15.00 <input type="checkbox"/>	N/A

NAME OF HOME CLUB:	USFSA NO:
ASSOCIATE MEMBER NAME: (AVAILABLE FOR ONE PARENT OF A JUNIOR MEMBER):	

First family membership (Home Club) includes one year subscription to 'SKATING' magazine.

If my application for membership in the Arrowhead Figure Skating Club is accepted, I agree to abide by all rules and regulations of the club and to support club activities. I understand that the club reserves the right to refuse or cancel membership and that the club assumes no responsibility for any injury which any member may sustain.

Date: _____

Signature of applicant

Signature of parent or guardian

Mail completed form with check made out to:

ARROWHEAD FIGURE SKATING CLUB

**to: Robb Steinheider
PMB F200844
3590 Round Bottom Rd
Cincinnati, OH 45244-3026**

New Mbr Application 5/08