

# Skating Club of South Florida, Inc.

P.O. Box 160435 / Miami, FL 33116-0435

## Membership Application

Member:



Name: \_\_\_\_\_ Age: \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Home Rink: [ ] Kendall Ice Arena [ ] Pines Ice Arena [ ] Other  
Parent/Guardian: (If under 18): \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_

### Highest USFSA Test Passed:

Figures: \_\_\_\_\_ Freestyle \_\_\_\_\_ Dance \_\_\_\_\_ Free Dance \_\_\_\_\_ MIF: \_\_\_\_\_ Pairs: \_\_\_\_\_

Are you currently or formally affiliated with any USFSA Club? [ ] Yes [ ] No

Current Club Name: \_\_\_\_\_ Year \_\_\_\_\_ USFSA # \_\_\_\_\_

Former Club Name: \_\_\_\_\_ Year \_\_\_\_\_ USFSA # \_\_\_\_\_

ISI Member: [ ] Yes Member # \_\_\_\_\_ [ ] No ISI Level: Freestyle \_\_\_\_\_ Dance \_\_\_\_\_

### My membership class selection is:

Individual	\$100	Family	\$125	Professional	\$50
Associate	\$50	Basic Skills	\$40	Second Club	\$60
Non-Resident	\$30	International	\$30		

**Note:** Family class includes the skater and spouse or parent, if the skater is under the age of 18; please add \$25 per additional member added under the Family or Basic Skills Family membership. Please add \$15 per additional member added under the Associate, Second Club, and Non-Resident or International membership. If selecting Individual membership, each applicant must fill-out a separate membership application form.

### Membership Policy:

1. If applicant is under 18 years of age, a parent/guardian must sign application and join the club.
2. Cash, Check / MO payment for the correct amount must be included with this application.
3. All applicants and members must abide by all rules and regulations.
4. 50% of the respective fee will be assessed **only on new Individual or Family membership** joining January 1 – June 30. Upon renewal, full fee is required.
5. **Confidentiality and Privacy Statement:** In order to protect the privacy of our members and families, our organization prohibits the dissemination of contact phone numbers, electronic mail (e-mail), or addresses without written consent from the member or parent/guardian if the member is less than eighteen (18) years of age.

Checks or Money Orders must be made payable to Skating Club of South Florida. A U.S. Figure Skating membership application must also be filled and returned along with the Club application. A fee of \$25 will be assessed for returned checks.

I hereby apply for membership in Skating Club of South Florida, Inc. and understand that I will abide by the rules, regulations, and Bylaws of the Club and U.S. Figure Skating.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Parent/Guardian if not 18 yrs old

**Add additional members here:**

**Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **D.O.B.** \_\_\_/\_\_\_/\_\_\_

**Home Rink:**  Kendall Ice Arena  Pines Ice Arena

**Highest U.S. Figure Skating Test Passed:**

Figures: \_\_\_\_\_ Freestyle \_\_\_\_\_ Dance \_\_\_\_\_ Free Dance \_\_\_\_\_ MIF: \_\_\_\_\_ Pairs: \_\_\_\_\_

**Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **D.O.B.** \_\_\_/\_\_\_/\_\_\_

**Home Rink:**  Kendall Ice Arena  Pines Ice Arena

**Highest U.S. Figure Skating Test Passed:**

Figures: \_\_\_\_\_ Freestyle \_\_\_\_\_ Dance \_\_\_\_\_ Free Dance \_\_\_\_\_ MIF: \_\_\_\_\_ Pairs: \_\_\_\_\_

**Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **D.O.B.** \_\_\_/\_\_\_/\_\_\_

**Home Rink:**  Kendall Ice Arena  Pines Ice Arena

**Highest U.S. Figure Skating Test Passed:**

Figures: \_\_\_\_\_ Freestyle \_\_\_\_\_ Dance \_\_\_\_\_ Free Dance \_\_\_\_\_ MIF: \_\_\_\_\_ Pairs: \_\_\_\_\_

**Detailed Membership Charges:**

Membership Class	Quantity	Annual Fee	Total
Individual		\$100.00	
Family		\$125.00	
Professional		\$50.00	
Basic Skills		\$40.00	
Associate		\$50.00	
Second Club		\$60.00	
Non-Resident		\$30.00	
<b>Additional Members</b>			
Family		\$25.00	
Associate		\$15.00	
Second Club		\$15.00	
Non-Resident		\$15.00	
		<b>Annual Fees Subtotal</b>	
		<b>Late Renewal Fee</b>	<b>\$10.00</b>
		<b>Total Annual Fees</b>	

**For Official Use Only:**

<b>Rcvd by</b>		<b>Pmt Method</b>	<b>\$ / CK / MO</b>	<b>Rtnd Ck</b>	<b>YES / NO</b>	<b>Presd by</b>	
<b>Date</b>		<b>CK/MO #</b>		<b>1<sup>st</sup> Notice</b>		<b>Date</b>	
		<b>Total</b>		<b>2<sup>nd</sup> Notice</b>			