

GREATER MILWAUKEE FIGURE SKATING CLUB
2017 – 2018

Date: _____

I hereby apply for membership in the GREATER MILWAUKEE FIGURE SKATING CLUB. If my application is approved, I agree to abide by the rules and regulations of the club.

Skater's signature (guardian if skater is under 18 years of age)

Indicate one of the following: **(Circle the amount being paid)**

- | | <u>1st mb</u> | <u>2nd mb</u> | <u>3rd mb</u> |
|--|--------------------------|---------------------------|--------------------------|
| A. Greater Milwaukee Home Club Membership _____ | \$125.00 | \$100.00 | \$80.00 |
| B. Associate Membership (Non – Home Club) _____ | \$100.00 | \$90.00 | \$75.00 |
| C. Non – Skating Membership (Home Club) _____ | \$60.00 | | |
| D. Junior Membership (Home Club) _____
(First time full membership under the age of 18) | \$110.00 | | |
| E. Introductory Membership _____
(Introductory, First time member to GMFSC, other than Basic Skills) | \$85.00 | | |
| F. Collegiate Membership (four - year) _____ | \$140.00 | (option may be used once) | |

Name of Home Club for USFS Registration _____

Name of other club affiliation _____

Current USFS Number _____

Have you previously been a member of the Greater Milwaukee FSC? _____

As parent, guardian of skater, I assume and discharge the financial obligations of membership. I understand that all cancellations and / or refunds are at the approval of the Greater Milwaukee FSC.

Signature of Parent / Guardian / Skater (if 18 years or older)

Name of Applicant

Name of Parent / Guardian (if under 18)

Home Address of Applicant

Parent's Home Address

City / State / Zip

Parent's City / State / Zip

Home phone number

Parent's home phone number & E-MAIL

Birth Date of Applicant

Name & Phone number of Coach

Please send completed form and payment to:

Greater Milwaukee FSC

4764 So. 39th Street

Greenfield, WI 53221

Phone number for GMFSC (414-282-3948)

