

**HICKORY HILL FIGURE SKATING CLUB - MEMBERSHIP APPLICATION**

Home Club Member: First Family Member \_\_\_\_ Subsequent Family Member \_\_\_\_

Associate Member: My home club is: \_\_\_\_\_ USFSA #: \_\_\_\_\_

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
 STREET CITY STATE ZIP CODE

PHONE: (CELL) \_\_\_\_\_ (WORK) \_\_\_\_\_ (HOME) \_\_\_\_\_ (FAX) \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_ (to receive e-mails about our events)

US CITIZEN: Y \_\_\_\_ N \_\_\_\_ SEX: M \_\_\_\_ F \_\_\_\_ BIRTHDATE: \_\_\_\_\_

<b>Place a P in the box for your Primary skating activity and a check in all the boxes for all other skating activities which apply:</b>	<input type="checkbox"/> Parent/Guardian	<input type="checkbox"/> Club Officer/Board Member
	<input type="checkbox"/> Coach	<input type="checkbox"/> Other
	<input type="checkbox"/> Competitive Skater	<input type="checkbox"/> Adult Skater
	<input type="checkbox"/> Recreational Skater	<input type="checkbox"/> Synchro
	<input type="checkbox"/> U.S. Figure Skating Officer/Official	<input type="checkbox"/> Collegiate

MY TEST LEVEL: FREESTYLE \_\_\_\_\_ DANCE \_\_\_\_\_ MIF \_\_\_\_\_

I SKATE \_\_\_\_ DAYS/WEEK. PRIMARY RINK(S): \_\_\_\_\_ PRIMARY COACH(S): \_\_\_\_\_

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Home club members only:

Please contact Jason Crawford, membership@hhfsc.org, after your membership is processed to request a permission form if you plan to compete or test at events not run by HHFSC.

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I volunteer to assist the Club in the following way(s):

Hospitality \_\_\_\_\_ Ice Monitor \_\_\_\_\_  
 Annual Competitions \_\_\_\_\_ Publicity \_\_\_\_\_  
 Testing \_\_\_\_\_ Membership \_\_\_\_\_  
 Other Area (please specify) \_\_\_\_\_

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PAYMENT ENCLOSED: \_\_\_\_\_ CHECK NUMBER: \_\_\_\_\_ DATE OF PAYMENT: \_\_\_\_\_  
 (Refer to membership instruction sheet) (Payable to: HHFSC)

PLEASE NOTE: A LATE FEE OF \$10 FOR RENEWALS SENT AFTER AUGUST 15 MUST BE INCLUDED.

**PLEASE REVIEW THIS PAGE CAREFULLY. YOUR USFSA MEMBERSHIP WILL BE DELAYED IF INFORMATION IS MISSING.**

VISIT OUR WEB SITE: [www.hhfsc.org](http://www.hhfsc.org)

Rev. 6/15/10

# HICKORY HILL FIGURE SKATING CLUB MEMBERSHIP INSTRUCTIONS

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Note: This document describes the conventional membership process. Existing members can also renew HHFSC membership online at <http://www.hhfsc.org/renew.html> . Contact [membership@hhfsc.org](mailto:membership@hhfsc.org) if you have questions.  
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## 1. ALL MEMBERS – HOME CLUB AND ASSOCIATES:

The membership year begins July 1 and ends June 30<sup>th</sup>

Please complete the form “Hickory Hill Figure Skating Club Membership Application.”  
A separate application form must be completed for each person applying, including each parent and each sibling.

Associate Members MUST include the name of their Home Club.

Enclose the appropriate membership fee (see below); **make checks payable to HHFSC.**

## 2. HOME CLUB MEMBERS:

USFSA Membership cannot be processed if information is missing. Remember that USFSA does not allow testing or participation in competitions until membership has been processed. Please fill the form completely, giving all the information requested for each member listed on the form.

\* \* Planning to test or compete this year? Please be sure to indicate this on your application **and include a self addressed, stamped envelope or submit your e-mail address.** The necessary form will automatically be sent to you via mail or electronically \* \*

3. **FEES FOR HHFSC HOME CLUB MEMBERSHIP:** Skating Magazine will be sent to the skater you identify as the First Family Member on your application form.

**Junior Member:** Skater under the age of 18. Includes membership for one (non-skating) parent. \$95.

**Senior Member:** Skater 18 years of age or over. \$70

**Coach Member:** Coach must include copy of insurance coverage. \$45

**Family Membership:** Identify one member as the First Family member. For each additional skater residing at the same address add \$25.00 to the appropriate rate as above, to a maximum of \$119.

**Please note: The new membership season begins on July 1, 2010. A Late Fee of \$10 must be included for RENEWALS sent after August 15, 2010.**

## 4. FEE FOR ASSOCIATE MEMBERSHIP: \$45.00 per member.

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If you have any questions, please contact JASON CRAWFORD at:  
[membership@hhfsc.org](mailto:membership@hhfsc.org)

**Please send your completed application to:**  
HHFSC  
c/o Jason Crawford  
5 Lakeview Drive  
Katonah, NY 10536