

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: _____

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:	<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): _____

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.

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

Hospitality _____ Ice Monitor _____

Annual Competitions _____ Publicity _____

Testing _____ Membership _____

Other Area (please specify) _____

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

Rev. 6/6/11

HICKORY HILL FIGURE SKATING CLUB MEMBERSHIP INSTRUCTIONS

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 if you have questions.

1. ALL MEMBERS – HOME CLUB AND ASSOCIATES:

The membership year begins July 1 and ends June 30th

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. \$110.

Senior Member: Skater 18 years of age or over. \$80

Coach Member: Coach must include copy of insurance coverage. \$55

Family Membership: Identify one member as the First Family member. For each additional skater residing at the same address add \$30.00 to the appropriate rate as above, to a maximum of \$139.

Please note: The new membership season begins on July 1, 2011. A Late Fee of \$10 must be included for RENEWALS sent after August 15, 2011.

4. **FEE FOR ASSOCIATE MEMBERSHIP: \$50.00 per member.**

If you have any questions, please contact JASON CRAWFORD at:
membership@hhfsc.org

Please send your completed application to:

HHFSC
c/o Jason Crawford
5 Lakeview Drive
Katonah, NY 10536