BERKLEY ROYAL BLADES FIGURE SKATING CLUB
Registration and Membership Application
2008-2009

[ ] Member's Name	Sex M F	USFSA No	
Address	City	Zip	Date of Birth / /
Home Phone	Work Phone	Member's E-mail address	
Other Club Affiliations	Coach's Name and Phone Number		
Highest Test Passed: Moves	Freestyle	Dance	Pairs
[ ] Parent/Legal Guardian	Email Address		
Home Phone	Work Phone	Driver's License or SSN	
Address	City	State	Zip
[ ] Parent/Legal Guardian	Email Address		
Home Phone	Work Phone	Driver's License or SSN	
Address	City	State	Zip

Please indicate the person responsible for payments to the club with a checkmark in one of the above [ ] boxes.
[ ] Indicate with a check here if you DO NOT WISH to have your contact information published in the club directory.

Club Fees:

☐ Primary Membership (Does not include USFSA Membership)	**$150.00***	$_____
☐ Secondary Membership (Does not include USFSA Membership)	**$ 85.00***	$_____
☐ Membership - second family member (Does not include USFSA Membership)	**$ 65.00***	$_____
☐ Additional family member(s) (Does not include USFSA Membership)	**$ 55.00***	$_____
☐ Introductory Membership -1st time USFSA/club member	**$115.00†**	$_____
☐ Additional Introductory Membership for family member	**$ 55.00†**	$_____
☐ Alumni Membership (18-25 years old, high school graduate, former Primary BRBFSC Member)	**$ 50.00†**	$_____
☐ Bridge Membership -1st time USFSA/club member – still skating LTS	**$ 50.00†**	$_____
☐ USFSA Membership	**$ 40.00**	$_____
☐ Additional family member USFSA membership	**$ 15.00**	$_____

[† *USFSA Membership included]*
*[*Does not include USFSA Membership]*

TOTAL MEMBERSHIP FEE: $_____

We, the undersigned, do hereby agree to follow all rules and regulations on and off the ice of the Berkley Royal Blades FSC as stated in the BRBFSC handbook. We further agree to support the membership and coaching staff of the Berkley Royal Blades FSC and to participate in club activities as a condition of membership.

Signature: _____ Date: _____
Applicant

Signature: _____ Date: _____
Parent or Legal Guardian if under 18 years of age

X_____ Date: _____
Signature of person responsible for payment (please indicate above with a check who is responsible for payment)

FOR OFFICE USE ONLY

Date Received _____ **Check Number** _____

Comments

Please mail completed form and payment to: Kate Griswold, BRBFSC Membership Chair, 731 Tanglewood, Madison Heights, MI 48071