

**BERKLEY ROYAL BLADES FIGURE SKATING CLUB
REGULAR CLUB REGISTRATION AND MEMBERSHIP APPLICATION
2009-2010**

[] 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:

- | | | |
|---|------------------|----------|
| <input type="checkbox"/> Primary Membership (Does <u>not</u> include USFSA Membership) | \$150.00* | \$ _____ |
| <input type="checkbox"/> Secondary Membership (Does <u>not</u> include USFSA Membership) | \$85.00* | \$ _____ |
| <input type="checkbox"/> Membership - second family member (Does <u>not</u> include USFSA Membership) | \$65.00* | \$ _____ |
| <input type="checkbox"/> Additional family member(s) (Does <u>not</u> include USFSA Membership) | \$55.00* | \$ _____ |
| <input type="checkbox"/> Introductory Membership -1 st time USFSA/club member | \$115.00† | \$ _____ |
| <input type="checkbox"/> Additional Introductory Membership for family member | \$55.00† | \$ _____ |
| <input type="checkbox"/> Collegiate 4-Year Membership
<small>(18-25 years old, high school graduate, former Primary BRBFSC Member, can only be purchased once – good for FOUR YEARS)</small> | \$110.00† | \$ _____ |
| <input type="checkbox"/> USFSA Membership (required for Primary Membership) | \$40.00 | \$ _____ |
| <input type="checkbox"/> Additional family member USFSA membership (required for 2 nd or Add. Family 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: _____
Applicant

Date: _____

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

Date: _____

_____ Date: _____

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

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

FOR OFFICE USE ONLY	
Date Received _____	Check Number _____
Comments _____	