

# 2011 - 2012 Membership Application

## U.S. Figure Skating / Star City Figure Skating Club

P.O. Box 30225 • Lincoln, NE 68503-0225 • Ice Line 402-441-0318 • www.starcityfsc.org

Please print, and please complete the questions on the other side of this form. If none of your contact information has changed, you may fill in just your name and return this form with your payment.

Name \_\_\_\_\_ Sex:  M  F

Postal Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

USFSA Number\* \_\_\_\_\_ Home Club:  Star City FSC  other \_\_\_\_\_

*\*If this is the first time you've joined, a number will be assigned once the application is complete.*

Date of Birth \_\_\_\_\_ U.S. Citizen?  Yes  No  
*month/day/year*

Are you a:  Coach?  Competitive Skater?  Recreational Skater?  Adult Skater?

Can the Star City Figure Skating Club board members share your contact information with other club members if they would like to contact you?  Yes  No

If you are younger than 18, a parent or guardian's full name and contact information is required.

Parent or Guardian \_\_\_\_\_

Address and Phone Numbers  
if different from above \_\_\_\_\_  
\_\_\_\_\_

### Dues

Notes: **(1)** Associate members have their primary U.S. Figure Skating membership with a club other than Star City FSC. **(2)** If you are registering additional family members or associate family members, please list their full names and birthdates (month/day/year) on the back of this form.

\_\_\_\_\_ first family member @ \$70 \_\_\_\_\_

\_\_\_\_\_ additional family members @ \$30 each \_\_\_\_\_

\_\_\_\_\_ associate member @ \$25 \_\_\_\_\_

\_\_\_\_\_ associate additional family members @ \$15 each \_\_\_\_\_

\_\_\_\_\_ tax-deductible donation \_\_\_\_\_

**total due** \_\_\_\_\_

Make checks payable to **Star City FSC** and mail with completed form to:  
**Membership Director • Star City FSC • 3220 Laredo Dr. • Lincoln, NE 68516**  
Questions? Call Brenda Linder 402-499-6598

# Registration for additional family members or associate family members

Please print!

Name	Birthday (month/day/year)	USFSA Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## How did you first learn about the Star City Figure Skating Club?

- |   |   |
|---|---|
| <input type="checkbox"/> from a club member             | <input type="checkbox"/> a poster or flier            |
| <input type="checkbox"/> from a skating coach           | <input type="checkbox"/> the club's Web site          |
| <input type="checkbox"/> the rink bulletin board        | <input type="checkbox"/> picked up brochure -- where? |
| <input type="checkbox"/> a newspaper ad -- which paper? | <input type="checkbox"/> other: _____                 |

\_\_\_\_\_



<input type="checkbox"/> Cash	
<input type="checkbox"/> Check	Check # _____
Amt Recvd: _____	
Date Recvd: _____	
Internal Use Only	