

## Membership Form 2010-2011

Name: _					
USFSA Number:		Date of Birth:			
Are you	a graduating senior for the 2010/2011 scho	ol year?			
Address		-			
City:					
Home Phone:		Cell Phone:			
Business Phone:		Email:			
Sex:	Male Female	US Citizen:		No No	
	Jr. Club Membership Non-Resident of Cla Second Family Member: \$55 Associate Membership: \$60 Coach: \$60 PSA number Collegiate member* (4 yr. membership): Currently enrolled at *Per USFS policy, skaters currently for a 4 year membership.This member the full benefits of USFS membershi Mandatory Volunteer Assessment: \$40 All home club members, other than of assessment. Upon completion of 10 2010-2011 membership year, as sign credited to the skater's contract. Volu completed by a parent or guardian. Of cash refunds or credit towards coupon	sident of Cleveland Heights: \$80 on-Resident of Cleveland Heights: \$85 Club Membership Resident of Cleveland Heights: \$60 Club Membership Non-Resident of Cleveland Heights: \$65 cond Family Member: \$55 sociate Membership: \$60 oach: \$60 PSA number			
	r those planning to participate in qualifying e USFSA no later than September 1, 2010. with payme		-		

Please return forms to the club office with payment OR mail to: Karen Salomone, Membership Chair 21350 Edgecliff Drive Euclid, OH 44123