

LOWER CAPE FIGURE SKATING ASSOCIATION
Application for a USFS Membership
2007-2008 season

NAME_____ DOB_____ AGE____ SEX_____

ADDRESS_____ STATE_____ ZIP_____

PHONE:home_____ work_____

PARENTS / GUARDIAN _____

SCHOOL_____ PRINCIPAL_____

Highest Test Passed: ISI____ USFSA FS_____ MIF_____

USFSA MEMBERSHIP

INDIVIDUAL \$65

EACH ADDITIONAL FAMILY MEMBER \$30

Please make checks payable to the LCFSA

This is for a USFS membership only and does not include a LCFSA or ISI membership.

I understand that this membership fee entitles me to be a member of the USFSA from July 1st through June 30th of the 2007/2008 season. I shall abide by all the rules set forth by the USFS rule book.

Signed by:_____

Parent or guardian if 18 or under