



Smithfield Figure Skating Club

Home Club and Associate Membership Application

Date _____

Name _____ Date of Birth _____

Mailing Address _____ City _____ State _____ Zip code _____

Home Phone # _____ Cell Phone # _____ Email Address _____

Type of Membership That You Are Applying For (Check One Only):

Collegiate _____ Introductory Full Home Club _____ Home Club _____ Associate _____

Are You a Current Member of USFS: Yes _____ No _____ If Yes USFS Number _____

Previous Club Membership _____

Highest Test Levels Passed: Basic Skills _____ MITF _____ Free skate _____

Coaches (Required For Membership Approval) _____

Applicant's Signature _____ Coach's Signature _____

Parent or Guardian's Signature _____
(If Applicant is under 18 Years of Age)

Parent or Guardian's Printed Name _____

FEE: PLEASE PAY ONE OF THE FOLLOWING:

Introductory (First Time Full USFSA) Membership Fee is only \$50
Collegiate Membership Fee is only \$130 (for 4 years)
Home Club and Associate Membership Fee is \$95

Please Mail Application and The Appropriate Membership Fee To:

Susan Castelli
8 East Lakeview Drive
North Providence, RI 02904
Questions? castelli17@cox.net

Applications must be accompanied by the membership fee to be eligible for review. Membership applications are reviewed at the regularly scheduled monthly meetings of the Board of Governors. Once this application is reviewed, you will be contacted regarding membership approval. Thank you for the interest in our club.