



# 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):

Junior Home Club \_\_\_\_\_ Introductory Full Home Club \_\_\_\_\_ Home Club \_\_\_\_\_ Associate \_\_\_\_\_

Are You a Current Member of USFSA: Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes USFSA 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:

**NEW!! Junior Membership Fee is only \$20**  
**Introductory (First Time Full USFSA) Membership Fee is only \$40**  
**Collegiate Membership Fee is only \$100 (for 4 years)**  
**Home Club and Associate Membership Fee is \$85**

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.