## Starlight Ice Dance Club of the Twin Cities July 1, 2023 – June 30, 2024 Membership Application

Personal Information				
U.S Figure Skating Member Number (Not applicable to r	new USFS members):			
* Skater Last Name	* Skater First Nan	ne		
* Date of Birth (mm/dd/yyyy)	* Gender: Fema	ale Male	* U.S. Citizen:	Yes No
* Address			Check here if new	address:
* City	* State		* Zip Code	
Primary Phone	Secondary Phone	Secondary Phone		
Parent/Guardian Name (if skater under age 18)				
**Primary Email	**Secondary Ema	**Secondary Email		
* Item is required for membership by U.S. Figure Skating.  ** Club communication is sent via email; check this box if you would rate receive communication via postal mail:				
igibility Status	Skating Motivation			
Eligible	(✓ Check all that apply)			
Ineligible (participated in unsanctioned activity)	Competitive Skater	Adult Ska	nter Collegiate S	kater
Restricted (by reason of employment)	Recreational Skater	Coach	Synchro Sk	ater
	Parent/Guardian	Parent/Guardian Club Officer/Board Member		
	Other			
First Family Member (good for 1 year; includes USFS of Additional Family Member (related persons residing Introductory Membership (New to USFS, 1 year; inc	g at the same address as a fi	rst family membe	L5.00 er. Good for 1 year, incl 75.00 80.00 _	udes USFS dues.
Collegiate Member (good for 4 years; includes USFS dussociate Member:	_		20.00	
Associate Member (good for 1 year of Starlight memb	ership only)	\$ 4	0.00	
My Home Club for U.S. Figure Skating membership is	(Full U.S. Figure Skating Club Name			
pereby apply for membership in the Starlight Ice Dance Club of twailable at <a href="https://www.starlighticedanceclub.com">www.starlighticedanceclub.com</a> ), when participating incing. It is understood that Starlight will take reasonable mean at ice skating is inherently dangerous and neither Starlight nor at may occur. I agree to the SafeSport statement on membersh	in any Starlight activities. s to provide a safe experie its officers or board memb	I recognize Starl nce for its mem ers assume any	ight has been formed bership; however, it is financial responsibilit	d to promote ice s further unders
pplicant Signature:		Date:		
Parent/Guardian Signature if under 18				
eturn: ① This form	TO: Starlig	TO: Starlight Ice Dance Club		
② Payment to <b>Starlight Ice Dance Club.</b>	c/o Rit	c/o Rita Goodman, Membership Chair		

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Collegiate Membership only)

37 Greenway Gables

Minneapolis MN 55403