

Albuquerque Figure Skating Club

Membership Application for the 2018 – 2019 Season

The bylaws of both the Albuquerque Figure Skating Club (AFSC) and the U.S. Figure Skating (USFS) govern Membership in the AFSC.

Applicant's Name: _____	USFSA#: _____
Mailing Address: _____	DOB: _____
City and Zip: _____	Gender: Male or Female
Phone: Home _____	Cell: _____
Phone: Work _____	E-mail address _____
	US Citizen: Y or N

Type of Membership (check box below – see website for benefits)

<input type="checkbox"/> Full \$ 115	<input type="checkbox"/> Patron \$ 15
<input type="checkbox"/> Full – Each Additional Family Member* \$ 75 *Full Additional family members: _____ X \$75.00 = _____	<input type="checkbox"/> Lifetime (same benefits as Full) Available to those who have been AFSC full members for more than 25 years. Free
<input type="checkbox"/> First Year (First year as a standard member with USFS, same benefits as Full) \$ 40	<input type="checkbox"/> Non-Skating (must have other family member as a full or limited member) \$ 40
<input type="checkbox"/> Judge (Same benefits as Full) Must judge at least one test session or competition per year for AFSC to receive this rate.) Free	<input type="checkbox"/> Professional (same benefits as Full) Must be listed as an Outpost Ice Arena private figure skating instructor & be at least 18 years of age. \$ 60
<input type="checkbox"/> Associate \$ 75	<u>Collegiate Members – use the Collegiate Membership Application Form</u>

Tax Deductible donation for additional Club Ice Sponsorship (Donation of tax deductible funds for additional Club Ice is <u>OPTIONAL</u> . Your donation can be in any amount and will be used exclusively for ice.)	\$
Make checks payable to: <u>AFSC</u>	
Mail ALL 3 PAGES to: Nina Kane, 8823 Woodland NE, Albuquerque, NM 87112-2206	DUES \$
	TOTAL \$

Please DELETE my Address, Home Phone, Work Phone, e-mail address from the AFSC Club Roster. (The Club Roster is only available to Board Members.)

I **Do** or **Do not** give my permission to have my tests passed, competition results, and/or photographs posted on AFSC Facebook page, website, social media, bulletin board, newsletters or flyers.

I have read and understand the **SafeSport Athlete Protection Policies and Guidelines** and the **Reporting Abuse** documents.

If the applicant is 18 years or older:

Applicant's Signature: _____ **Date:** _____

If the applicant is under 18 years old:

Parent/Legal Guardian's signature: _____ **Date:** _____

Parent/Legal Guardian's Printed name: _____