



Membership Registration

CLUB NAME: ASPEN SKATING CLUB

CLUB # 120

INFORMATION - MUST BE COMPLETE

1st Family Member

OR

Subsequent Member

Please circle: Mr. Ms. Miss Mrs. PREVIOUS MEMBER# and/or PREVIOUS CLUB: _____

NAME: FIRST MI LAST

ADDRESS:

CITY: STATE: ZIP:

TELEPHONE: HOME - - BUS. - -

E-MAIL: _____ SEX: M or F DOB: MO DAY YR USA CITIZEN: Y or N

1. PRIMARY ACTIVITY (Choose one): Parent/Guardian Coach Competitive Skater Recreational Skater
 U.S. Figure Skating Official/Officer Club Officer/Board Member Other
2. CHECK ANY OTHERS (excluding primary) THAT APPLY: Adult Skater Synchro Collegiate
 Competitive Skater Coach Recreational Skater Parent/Guardian
 U.S. Figure Skating Official/Officer Club Official/Volunteer
3. ELIGIBILITY STATUS (Choose one): Eligible Ineligible Restricted
(See eligibility rules)

REV. 3/05



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