



The Skating Club of Boston

Application for Club Membership

Name(s) of Candidate(s): _____

Membership Category: FAMILY SINGLE (18+) JUNIOR (18-25) TEAM SATELLITE OFFICIALS

Team Name or Other Membership Category: _____

Street Address: _____

City, State & Zip Code: _____

Home Telephone #: _____

Email Address: _____

Adult Candidate #1:

Adult Candidate #2:

Name: _____

Title: Dr Mr Mrs Miss Ms

Dr Mr Mrs Miss Ms

Date of Birth: ____/____/____

____/____/____

Occupation: _____

Employer: _____

Degrees: _____

from: _____

Mobile Tel #: ____ . ____ . ____

____ . ____ . ____

Email Address: _____

USFS #: _____

Youth Candidates (under the age of 18 years):

Name: _____ DoB: ____/____/____ USFS #: _____

Name: _____ DoB: ____/____/____ USFS #: _____

Name: _____ DoB: ____/____/____ USFS #: _____

Name: _____ DoB: ____/____/____ USFS #: _____

Name: _____ DoB: ____/____/____ USFS #: _____

*Fields in **bold** are required. Other fields are optional.*



The Skating Club of Boston

Application for Club Membership

How did you learn about the Club? _____

The Skating Club of Boston is run largely by its members. What Club activities or committees might you be interested in? _____

Do you have any special skills, abilities or experience that you might share to the benefit of the Club?

What other U.S. Figure Skating clubs do you or have you belonged to?

Have you held any positions (on boards or committees) at other U.S. Figure Skating clubs?

Skating Academy Campus Manager: *(if converting from Skating Academy Learn-to-Skate program)*

Name: _____ **Location:** _____

Signature: _____

I have received, read and understand The Skating Club of Boston Membership Guide and Club Rules

Adult Candidate #1:*

Adult Candidate #2:

Name: _____

Signature: _____

Date: _____ / _____ / _____

** A parent or guardian must sign Team membership candidates under the age of 18 years.*