



The Skating Club of Boston®

Application for Club Membership

Name(s) of Candidate(s): _____

Membership Category (check one): Family Single (18+) Introductory
 Team Officials Friends of the Club

Team Name (if applicable): _____

Street Address: _____

City, State & Zip Code: _____

Home Telephone #: _____

Email Address: _____

Adult Candidate #1
(or Parent/Guardian*)

Adult Candidate #2
(or Parent/Guardian)

Name: _____

Title: Dr Mr Mrs Miss Ms

Dr Mr Mrs Miss Ms

Date of Birth: ____/____/____

____/____/____

Occupation: _____

Employer: _____

Degrees: _____

from: _____

Mobile Tel #: _____ - _____ - _____

_____ - _____ - _____

Email Address: _____

U.S. Figure Skating #: _____

Youth Candidates (under the age of 18 years):

Name: _____

DOB: ____/____/____ USFS #: _____

Name: _____

DOB: ____/____/____ USFS #: _____

Name: _____

DOB: ____/____/____ USFS #: _____

Name: _____

DOB: ____/____/____ USFS #: _____



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 program)*

Name: _____

Location: _____

Signature: _____

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

Adult Candidate #1
(or Parent/Guardian*)

Adult Candidate #2
(or Parent/Guardian)

Name: _____

Name: _____

Signature: _____

Signature: _____

Date: ____/____/____

Date: ____/____/____

** A parent or guardian must sign for memberships if the skater is under the age of 18 years*