

# Los Angeles Figure Skating Club - MEMBERSHIP APPLICATION - Membership year runs 7/1/08 thru 6/30/09

**Renewing Members**, please check box if no change to address, telephone numbers, or e-mail information from last year.

Name		Miss, Ms., Mrs., Mr., Dr.	Home Telephone
Address			Work Telephone
City	State	Zip Code	Cell Telephone
<b>E-Mail (Important! Please provide us with a current e-mail address!)</b>		USFSA No. (or "pending")	U.S. Citizen (Y/N) FAX Number

<u>Membership Application</u>	<u>Membership Type</u>	<u>Family Memberships</u>	<u>Skater/Coach Status</u>
New Member	Senior (18 or older)	Name of First Family Member	Are you a Skater? _____
Renewing Member	Junior (under 18 yrs. of age)		Are you a Coach? _____
	Associate (does <u>not</u> skate)		Eligible                  Restricted
	Life (voted by Club Board)		Ineligible                Reinstated
<u>Keep Confidential</u> (will be printed in Club Directory unless box is checked below)	<u>Date of Birth</u> <b>Required by USFSA</b>	<u>Club Status (LAFSC to be my)</u>	<u>Main Area(s) of Skating Interest</u>
Home Address	_____	Home Club	Singles                  Pairs
Home Telephone	(month/day/year)	Second Club *	Synchronized        Dance
FAX Number	<u>Sex</u>	* <u>What is Your Home Club</u> (if applying as Second Club member):	Theater-on-Ice        Parents
E-Mail Address	Female		<u>Volunteer to Help Club</u>
	Male		I would like to be a volunteer

**Please note that membership is not pro-rated. The membership year runs from July 1, 2008, through June 30, 2009!**

**Note:** If you are changing home clubs during the **current membership year** (as opposed to changing at renewal time), USFSA rule MR 8.05 requires a "Notice of Change of Home Club" to be signed by an officer from your former home club and then sent to LAFSC (we can provide you with this form). Name of Former Home Club is: \_\_\_\_\_

### Membership Fees (Tax Deductible)

	<b>A</b>	Tax Deductible Donations (Voluntary)		<b>B</b>
<b>Home Club Member</b>				
<b><u>Introductory 1<sup>st</sup></u></b> ( <u>only</u> for first time members of US Figure Skating)	\$45.00			
<b><u>Introductory 2<sup>nd</sup> or other family members</u></b> ( <u>only</u> for first time members of US Figure Skating)	\$28.00			
Regular 1st family member	\$80.00	Competition Fund		\$ _____
Regular 2 <sup>nd</sup> or other family member(s)	\$55.00			
<b>Second Club Member</b>				
1st family member	\$40.00	Hospitality Fund		\$ _____
2nd or other family member(s)	\$35.00			
<b>Other Membership Types</b>		Margueritta Aedo Junior Nationals Competition Fund		\$ _____
Associate (does <u>not</u> skate)	\$15.00			
Life (need to submit this form)	No fee			

**Check #** \_\_\_\_\_      **\*\* Check Amount (A + B)** \_\_\_\_\_      **\*\* Fund Donation Total** \_\_\_\_\_

\*\* Make check for membership fees (and fund donation) payable to LAFSC

**LAFSC home club membership fees include USFSA dues** (\$40.00 for the first family member, which includes a subscription to *Skating Magazine*, and \$15.00 for additional family members, with no magazine subscription). Each family receives one Club Directory and one Newsletter subscription. **The information stated above is complete and accurate. As the member or parent/guardian, I/we fully understand the hazards associated with ice skating and do hereby absolve the Los Angeles Figure Skating Club from any liability or claim for injuries or damage that may occur at any events or practices sponsored by the Los Angeles Figure Skating Club.**

Member: \_\_\_\_\_ Dated: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Dated: \_\_\_\_\_

(Signature required if member is under 18 years of age)

Print Name of Parents/Guardians \_\_\_\_\_ Name of Your Coach: \_\_\_\_\_

**Return to: Los Angeles Figure Skating Club, P.O. Box 4055, Burbank, CA 91503-4055**

# LOS ANGELES FIGURE SKATING CLUB - VOLUNTEER INTEREST SURVEY

Dear Parent or Senior Skater:

The Club could not function without our ability to delegate some of the workload for the various competitions and events that we put on throughout the year for the benefit of our skaters. Whatever assistance you can give to the Club is most appreciated by all. Please place a check mark in front of the areas that you have interest/experience in. There is a space provided for you to give additional information or to add an item not listed.

By completing the survey, you are not committing to volunteer work at this time. You will be called when a need is present.

**Thanks for taking the time to fill this form out.** Please return it in the enclosed self-addressed envelope. Thank you!

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Skater's Name: \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-Mail \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

## **ART**

- Painting
- Drawing
- Calligraphy
- Sewing
- Sign Painting
- Other \_\_\_\_\_

## **BUSINESS**

- Marketing / Advertising
- Public Relations
- Community Organizing
- Finance
- City & County Boards
- Non\_profit Boards
- Other \_\_\_\_\_

## **CLERICAL OFFICE WORK**

- Bulk Mailings
- Telephoning
- Typing
- Data Entry (Computer)
- Other \_\_\_\_\_

## **FOOD SERVICE/HOSPITALITY**

- Food Preparation
- Food Serving
- Other \_\_\_\_\_

## **COMMUNICATIONS**

- Photography
- Radio Broadcasting
- Writing
- Other \_\_\_\_\_

## **COMPUTERS**

- Data Entry
- Web Page Design
- Other \_\_\_\_\_

## **FINANCIAL MANAGEMENT**

- Accounting
- Investments
- Bookkeeping
- Preparing Budgets
- Fund Raising
- Tax Preparation
- Other \_\_\_\_\_

## **SKILLED TRADES**

- Handyman
- Carpentry
- Other \_\_\_\_\_

## **COMPETITION EXPERIENCE**

Have you served as a Registrar for a competition?  
 Yes  No

Have you served as a Marshall for a competition?  
 Yes  No

Have you served as Music Coordinator for a competition?  Yes  No

Have you worked in the box office for a competition?  
 Yes  No