

PSFSC/USFS MEMBERSHIP INFORMATION

NAME \_\_\_\_\_ USFS# \_\_\_\_\_

USFS Membership-- Check one: First Family Member ( )  
Subsequent Family Member ( )  
Collegiate Member ( )  
Introductory Member ( )

MAILING ADDRESS \_\_\_\_\_

\_\_\_\_\_ ZIP+4 \_\_\_\_\_

BUS. TELEPHONE \_\_\_\_\_ HOME TELEPHONE \_\_\_\_\_

E-MAIL \_\_\_\_\_ SEX: M or F D.O.B. \_\_\_mo. \_\_\_day \_\_\_\_\_yr.

USA CITIZEN: Y or N

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

Please return this form, completed, with your PSFSC/USFS membership fee. Thank you.