



Annual Club Membership 2011 Application and Renewal

ICEWORLD FIGURE SKATING CLUB
PO BOX 630
ARCHERFIELD. QLD. 4180

New Member **Membership Renewal**

Membership Category

Category A	1 Ordinary Membership	(Parent &/or non skating & 18 yrs or over)	\$20.00
Category B	1 Sub-Junior Membership	(Aussie Skate)	\$25.00
Category C	1 Junior Membership	(under 18 years & passed ISA Preliminary test)	\$35.00
Category D	1 Senior Membership	(18 years & over & passed ISA Preliminary test)	\$45.00

***Parents/guardians of Junior & Sub-Junior Members under age 18 must also hold a membership (Ordinary Member).**

Payment Details

Cheque Money Order Direct Deposit Credit Card **Total Enclosed: \$ _____**

Cheque/Money Order - Please make payable to: **Iceworld Figure Skating club Inc**

Direct Deposit - Acc Name: **Iceworld Figure Skating club Inc** BSB: **484799** Account: **602765667** Ref: enter **"Family Name"**

Payment by **Credit Card** - Please indicate above and the Treasury will contact you to process the payment.

All membership applications should either be posted to the club or placed in the club mailbox above the Coffee Shop.

Name	Date of Birth	Membership Category (Circle the Category)				Membership No. (Office Use ONLY)
		A	B	C	D	
		A	B	C	D	
		A	B	C	D	
		A	B	C	D	
		A	B	C	D	

Address _____

Home Phone _____ Mobile _____

Email _____

Are you a current ISQ Member? Yes / No

I hereby wish to apply for membership to the Iceworld Figure Skating Club Inc. and agree to abide by the Club Rules.

I nominate Iceworld Figure Skating Club Inc. as the club I will represent in competitions throughout my membership.

Name of Skater _____ Signature _____ Date _____

Parent/Guardian _____ Signature _____ Date _____

<p>Important Information: Please ensure that you sign the terms and conditions agreement and return it with your applications.</p>	<p>Publicity Consent: I give IFSC permission to take my photograph for publication in Club Newsletters, website, notice boards, club related advertising and promotion and other club or skating related material. <input type="checkbox"/></p>
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Office Use Only:	
Nominated by _____	Seconded by _____
Receipt Number _____	Date of Approval _____