



Pawtucket & Providence Figure Skating Club

2017-18 Associate Membership Application

Associate membership fee: \$75 per skater

Please print clearly.

Member name _____ USFS# _____

Date of Birth _____

Home Club _____

Address _____

City, State, Zip _____

Telephone Home _____ Cell _____

Email _____

Is this member under 18 years old? _____ yes _____ no

If yes, write the name of the parent/guardian who is financially responsible for this member.

Name _____

Complete if the following information is different than that of the minor member.

Address _____

City, State, Zip _____

Telephone _____ Email _____

Signature of skater/guardian: _____

Please send this form and payment to:

Janice Delano, Membership Chair
45 Tracy Beth Drive
North Attleboro, MA 02760-4334