

Office Use Only

Application Complete _____ Date Rec'd _____
Amt. Rec'd _____ Payment Method _____



P.O. Box 517, West Acton, MA 01720
Telephone: 978-263-3450 Fax: 978-263-1816
Email: colonial@colonialfsc.com

_____ New
_____ Renewal
_____ Category Change

2011-2012 Membership Application

(Dues are payable with Application)

Name of candidate for membership: _____
Address: _____ Town: _____ State _____ Zip _____
Phone #'s: Home: _____ Cell: _____ Emergency _____
USFSA # _____ D.O.B. _____ Email _____

Will CFSC be your home club? Yes No If not please list home club? _____

Tests Passed: Moves _____ FS _____ Pairs _____ Dance _____
Basic Skills _____ Advanced Skills _____ ISI _____

If 18 or older, please list your occupation: _____

***Parents (if under 18):**

Parent: _____ Occupation: _____

Parent's e-mail address: _____

Parent: _____ Occupation: _____

Parent's e-mail address: _____

***One parent of FULL MEMBERS under the age of 18 may become a member at no additional cost. Second parent will pay \$30. Parent members must complete a separate membership application**

For new members, CFSC requires New Membership applicants to list 2 current CFSC members as references.

Name: _____ Phone: _____

Name: _____ Phone: _____

List the name of your coach: _____

- | | | | |
|--|----------|--|----------|
| <input type="checkbox"/> Full Membership | \$440.00 | <input type="checkbox"/> Dance Membership | \$140.00 |
| <input type="checkbox"/> Full (Second) Membership | \$195.00 | <input type="checkbox"/> Introductory Membership | \$275.00 |
| <input type="checkbox"/> Full (Third +) Members | \$45.00 | <input type="checkbox"/> Off-Ice Membership | \$65.00 |
| <input type="checkbox"/> First Parent | N/C | <input type="checkbox"/> Synchro Membership | \$185.00 |
| <input type="checkbox"/> Second Parent | \$30.00 | <input type="checkbox"/> TOI | \$125.00 |
| <input type="checkbox"/> Adult Membership | \$275.00 | <input type="checkbox"/> Honorary Membership | N/C |
| <input type="checkbox"/> Associate Membership | \$115.00 | <input type="checkbox"/> USFSA Official Membership | N/C |
| <input type="checkbox"/> Bridge/No Test Membership | \$125.00 | | |

If paying by credit card please complete the following. We accept Visa, Master Card, AMEX, and Discover.

Cardholder's Name _____ Card #: _____ - _____ - _____

CC Billing Address: _____

Exp. Date ____ / ____ Amount Paid: \$ _____ Signature: _____

