



# INDIVIDUAL MEMBERSHIP APPLICATION

6000 Custer Rd. Bldg. #9  
Plano, TX 75023  
Phone: (972) 735-8800  
Fax: (972) 735-8815

**Register online at: [www.skateisi.org](http://www.skateisi.org)**

### Member Fees:

- \$15 each Domestic (\$15 after Sept. 1)
- \$15 each International (before Sept. 1)
- 5 years for \$50\* (see RIS magazine ad pg. 21)

**Membership term  
expires 8/31/2010**

\* offer expires 8/31/09

### (Please Print)

ISI # \_\_\_\_\_ Rink, Club or Skating School: **Symmetrical Skating School-Norwich #0060001**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

StreetAddress \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_ Phone # ( \_\_\_\_\_ ) \_\_\_\_\_

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender (circle one):      Male      Female

Email Address \_\_\_\_\_

### Additional Family Members to Join or Renew:

1. ISI # \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_
2. ISI # \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_
3. ISI # \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

### Please follow these important steps:

- \*Fill out all information above including current ISI number
- \*Make check payable to SSS2
- \*Mail to 239 Main St. Danielson, CT 06239 or give to Kim Lecuyer

**Individual Member Accident Insurance Information (included with membership)**

**\$25,000 Medical/Dental Expense Maximum • \$1000 Deductible per injury**

**In the case of an accident, an incident report must be submitted to ISI before a claim form will be issued**