



DUNEDIN ICE SKATING CLUB

MEMBERSHIP FORM

Please complete one form for each member of your family who wishes to belong to the Club, and send the forms with your membership fee to the address below. Please **staple all forms together** if joining as a family membership.

All entries with an asterisk (*) must be completed If you don't have a TC Registration Number and/or an email address, please enter N/A. *All information will be used for Club purposes only.*

Contact Details

Name: _____ * Gender M F DoB __/__/____ *
 Address: _____ * TC No. _____ *
 _____ Ph (main): _____ *
 Email: _____ * Ph (alt): _____
 Emerg. Contact: _____ Ph (emerg): _____

If under 18 years of age

Caregiver 1: _____ Relationship: _____
 Email: _____ Phone: _____
 Caregiver 2: _____ Relationship: _____
 Email: _____ Phone: _____

If part of a family membership

Please list other names (first and last): _____

Current Level

Kiwiskate Adult Learner Development 1
 Kwispeed Adult Development 2
 Recreational Adult Advanced Development 3
 Competition Teen

Interests

Administration
 Fundraising
 Assistance at events

Membership

Associate \$20 (non-skating)
 Individual \$60
 Family \$100

Internet banking:
03 1732 0051449 00 - Dunedin Ice Skating Club Inc.

Ref: Membership & Surname

Please make cheques payable to: **Dunedin Ice Skating Club**

Delivers to the clubroom mail box or:
PO Box 2545
South Dunedin 9044

By signing this form I acknowledge that I will:

- Abide by all the Rules and Regulations of the New Zealand Ice Figure Skating Association
- Abide by the rules of the Dunedin Ice Skating Club
- Abide by the New Zealand Ice Figure Skating Association Code of Ethics
- Allow the Dunedin Ice Skating Club to take photographs for club use

Office use only
 Received ____/____/____

Signed _____

Date ____/____/____

If member is under 18 years old
 Parent/Caregiver signed _____

Date ____/____/____