

# The Pawtucket & Providence Figure Skating Club



This letter contains information regarding membership for 2009-10. Please take the time to read it completely.

Current memberships expire on June 30. We are beginning the process of renewing club and USFS memberships for 2009-10. The fee schedule is as follows.

Individual membership- \$55

Additional membership from the same family- \$15

**NEW: Collegiate membership- \$130 for four years of membership in USFS & PPFSC**

- skater must be in college (any year), or entering this fall, either graduate or undergraduate
- membership good for 4 years
- may be used only once
- additional family members continue to pay \$15 each year

We require that the parent/guardian of any minor indicate the name of the person who is financially responsible for this minor. This individual will act as the minor's representative for the purpose of voting at PPFSC meetings. Parents and other non-skaters are still welcome to join the club.

We remind all Club members that a current membership is necessary in order for any skater to be able to test and / or compete.

Please complete a membership form for each family. Make checks payable to PPFSC. Mail your completed forms and appropriate fees to:

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

If you have any questions, please contact Janice at [jan102500@comcast.net](mailto:jan102500@comcast.net) or at 508 761-5796.

Gloria Haddad  
PPFSC President

**Pawtucket & Providence Figure Skating Club  
2009-10 Membership Information**

This is a (please check):

\_\_\_\_\_ Membership renewal

\_\_\_\_\_ New member application

If this is a new member application, please have this form signed by two PPFSC members in good standing.

1. \_\_\_\_\_ 2. \_\_\_\_\_

Please print clearly.

Member name \_\_\_\_\_ USFS# \_\_\_\_\_

Circle membership type: Regular- \$55, Collegiate- (4 years) \$130

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. This individual will also be responsible for acting as the representative for this member for purposes of voting at PPFSC meetings.

Name \_\_\_\_\_

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

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Signature \_\_\_\_\_

Names of additional family members living at the same address and having the same parent/guardian who is financially responsible (if applicable).

\_\_\_\_\_ USFS# \_\_\_\_\_ @ \$15  
under 18: \_\_\_ yes \_\_\_ no

\_\_\_\_\_ USFS# \_\_\_\_\_ @ \$15  
under 18: \_\_\_ yes \_\_\_ no

\_\_\_\_\_ USFS# \_\_\_\_\_ @ \$15  
under 18: \_\_\_ yes \_\_\_ no

Indicate amount enclosed: \_\_\_\_\_