

**US Figure Skating Membership**  
**Sioux Falls FSC HOME CLUB Application**

**\*Membership Type**

USFSA # \_\_\_\_\_

First Family Member                       Subsequent Family Member                       Collegiate  
 Introductory Member (first time USFSA member)       Subsequent Introductory Member (first time member)

**\*Eligibility Status**

Eligible member                       Ineligible member                       Restricted member  
 Readmitted member       Reinstated member

**MEMBER INFORMATION**

Prefix \_\_\_\_\_

\*First Name \_\_\_\_\_

Middle Name \_\_\_\_\_

\*Last Name \_\_\_\_\_

Suffix \_\_\_\_\_

\*Birthdate (—/—/—) \_\_\_\_\_

\*Gender \_\_\_\_\_

\*US Citizen \_\_\_\_\_ (yes or no)

Primary E-mail \_\_\_\_\_

Primary phone (\_\_\_\_\_) \_\_\_\_\_

Address

\*Street \_\_\_\_\_

Street 2 \_\_\_\_\_

Unit type \_\_\_\_\_ (Apt, Ste, Unit, Lot)

\*City \_\_\_\_\_

\*Zip Code \_\_\_\_\_

\*Country \_\_\_\_\_

May print information online or in directory (yes or no)

**\* NECESSARY INFORMATION— MUST BE FILLED OUT**