



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

New [ ] Renewal [ ] Information Update [ ]

Member Fees are as follows:

\$9.00 Prorated for remainder of term
\$13.00 per member, Domestic
\$15.00 (US\$) per member, Foreign

Membership term expires
8/31/2009.

(Please Print)

ISI Number \_\_\_\_\_ Rink, Club, or Skating School represented \_\_\_\_\_

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

Street Address \_\_\_\_\_

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

Country \_\_\_\_\_ Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_

Birth date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender (please circle one) Male Female

Email address \_\_\_\_\_

Additional Family Members to Join or Renew:

1. ISI # \_\_\_\_\_ Birth date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

2. ISI # \_\_\_\_\_ Birth date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

3. ISI # \_\_\_\_\_ Birth date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

(OPTIONAL) ISIA Education Foundation Donation (tax deductible IRS # 36-3638131). Amount: \$ \_\_\_\_\_

Please charge my : [ ] MasterCard [ ] VISA [ ] DISCOVER [ ] AMERICAN EXPRESS

Total \$

(Dues are not tax deductible as a donation)

Card # \_\_\_\_\_ Exp Date \_\_\_\_\_ Cardholder \_\_\_\_\_

(Please Print)

Cardholder Signature \_\_\_\_\_ Phone \_\_\_\_\_

(Must be included)

Individual Member Accident Insurance Information (included with membership)

• \$25,000 Medical/Dental Expense Maximum • \$1,000 Deductible per injury.

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