



USFSA MEMBERSHIP RENEWAL 2017-2018

Name _____

USFSA # _____ Date of Birth _____ Male Female

Address _____

City _____ State _____ Zip _____

Email _____

Cell Phone # _____ Home Phone # _____

First Family Member Subsequent Family Member Collegiate Member

BY LAWS VOTE:

Yes, I approve ratification of the new CFSC By Laws dated April 2017.

No, I do not approve ratification of the new CFSC By Laws dated April 2017.

<u>PRICES:</u>	First Family Member	\$60
	Subsequent Family Member	\$24
	Collegiate Member	\$70

PAYMENT: CHECK made payable to CORTLAND FIGURE SKATING CLUB

Mail with this completed form to: CORTLAND FIGURE SKATING CLUB
c/o Stephanie Burns, Membership Director
PO Box 5232, Cortland, NY 13045

FOR CLUB USE: Check # _____ Amount \$ _____ Date Rec'd _____