United States Figure Skating Association
Skate With U.S. Membership Registration

Please Choose One: September 1 - August 31

- ☐ Student
- ☐ Instructor/Skating Director

SKATING SCHOOL: _____ SKATING SCHOOL#: _____

FORM MUST BE COMPLETE

NOTE: Only one person per form

NAME: FIRST MI LAST

ADDRESS:

CITY: STATE: ZIP: +4

TELEPHONE: WORK: – – HOME – –

PREVIOUS MEMBERSHIP #: _____

DATE OF BIRTH: MO DAY YR

GENDER: M ☐ or F ☐

USA CITIZEN: Y ☐ or N ☐

INSTRUCTOR/SKATING DIRECTOR ONLY:

ARE YOU A PSA MEMBER? Y ☐ or N ☐

E-MAIL: _____

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