

ICE SKATING VICTORIA

INCORPORATED A0012348Z



Ice Skating Victoria Membership Application /Renewal

PLEASE FILL OUT ALL SECTIONS TO ENSURE THAT ISV HAS UP TO DATE RECORDS

Please note that banks will not accept cheques made out to ISV, cheques must be made out to Ice Skating Victoria Inc. / **PO Box 667 Carnegie Victoria 3163**

Name in Full:	I prefer to be called:
Address:	Post Code:
Email address:	Date of Birth:
Can ISV contact you via email Yes / No	Current Age:
Telephone No: <i>Please provide a land line as well as a mobile</i>	Mobile No:
Coached By:	Current Test Level:

Figure Skating Club: ISCB / KDISC / OFSC (Please circle your club)
Skater must be a member of an ISV affiliated Figure Skating Club to compete interstate

Please tick the ISV membership you require:

Full Membership - for persons 16 years or over. Includes voting rights at General Meetings. Renewing memberships MUST be paid by 31 st December. Late Fee applies to renewing memberships from 1 st January	\$50			
	\$10			
Junior Membership – for persons under 16 years. Renewing memberships MUST be paid by 31 st December. Late Fee applies to renewing memberships from 1 st January	\$50			
	\$10			
New Associate membership – for Aussie Skate participants and Adult skaters who have not yet passed the Preliminary Test and who only compete in the Masters Competition during the year. Late Fee applies to renewing memberships from 1 st January	\$20			
	\$5			
Is it likely you will undertake tests this year?	YES		NO	
Are there members of your family who will be willing to undertake voluntary roles throughout the year ?	YES		NO	
Please provide name and contact details				

Membership is an annual subscription from 1st October through to September 30th the following year or any part year thereof. Please Note: Members who do not pay by 31st December, in that year are required to pay an additional amount to re-join the Association.

I agree to be bound by the Constitution and By-Laws of Ice Skating Victoria, Inc.

I enclose the Membership Fee of \$_____

Signature _____ Date _____
 (Parent/Guardian of Member under 16)