GREATER MILWAUKEE FIGURE SKATING CLUB

2026-2027 Membership Application

I hereby apply for membership with the GREATER MILWAUKEE FIGURE SKATING CLUB. Upon the receipt of my application, I agree to abide by the rules and regulations of the club.

_____ _____

Print Skater's Name Skater's Signature (Parent/Guardian if Skater is under 18 yrs.)

Indicate type of Membership you are applying for:

A) Greater Milwaukee FSC **Home Club** Membership…
_____ $170.00 (1st Member)
_____ $150.00 (2nd Member)
_____ $105.00 (3rd Member)

B) Greater Milwaukee FSC **Associate** Membership…
_____ $70.00 (1st Member)
_____ $60.00 (2nd Member)
_____ $50.00 (3rd Member)

C) Greater Milwaukee FSC **Home Club Non-Skating** Membership… _____ $85.00

D) Greater Milwaukee FSC **Introductory*** Membership…….. _____ $105.00
*First Time Membership to USFS, other than Basic Skills

E) Greater Milwaukee FSC **Collegiate*** Membership…….. _____ $185.00
*Four year Membership, option may be used only once

Name of Home Club for USFS Registration: _____
Name of other club affiliation: _____
Have you previously been a Member of Greater Milwaukee FSC?: _____ Current USFS#: _____

As Parent/Guardian or Skater (if over 18yrs), I assume and discharge the financial obligations of membership. I understand that all cancellations/refunds are at the approval of the Greater Milwaukee FSC.

_____
Signature of Parent/Guardian or Skater (if over 18yrs)

_____ _____

Name of Applicant Name of Parent/Guardian, if Skater is under 18yrs

_____ _____

Address of Applicant City/State/Zip

(_____)_____-_____ (_____)_____-_____ _____

Home Phone Number Mobile Phone Number E-Mail Address

_____/_____/_____ _____

Birthdate of Applicant (mm/dd/yyyy) Name and Phone Number of Coach

Make checks payable and mail completed form and membership dues to:

Greater Milwaukee FSC
C/O Ralph Dahlman,
4764 S. 39th St.
Greenfield, WI. 53221 GMFSC (414)282-3948

For Office Use Only

Payment:_____ Date Paid: _____ Cash:_____ Check:_____ Check#:_____