



INDIVIDUAL MEMBERSHIP APPLICATION

17120 N Dallas Pkwy, Ste 140

Dallas, TX 75248

Phone: (972) 735-8800

Fax: (972) 735-8815

New [ ] Renewal [ ] Information Update [ ]

Member Fees are as follows:

\$13.00 one year Domestic - Register online at: www.Skateisi.org

\$15.00 (US) Foreign

(Please Print)

ISI Number \_\_\_\_\_ Name of Home Rink \_\_\_\_\_

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

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

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

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

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

Additional Family Members

ISI # \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_

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

ISI # \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_

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

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\*\*