



# ICE SKATING VICTORIA

INCORPORATED A0012348Z

P.O. Box 667 Carnegie Victoria 3163

## RENEWAL MEMBERSHIP FORM

**PLEASE COMPLETE ALL SECTIONS TO ENSURE ISV HAS UP TO DATE RECORDS.**

Full Name.....

Work or Home Phone.....Please provide a fixed phone number.

Mobile Phone Number.....

Address.....

Suburb..... Postcode.....

Email ..... Regular email updates? Yes / No

Date of Birth..... Male / Female..... Current Age.....

Current Test Level(s) .....

Coaching team Name(s).....

State Membership ..... Home Club.....

Ice Skating Australia / Proof of Age Number .....

Parent / Guardian's Name (if under 18 years age).....

Parent Phone Number ..... Email.....

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

Signature: ..... Date: ..... / ..... / .....  
(Parent or Guardian if Member under 18)

**To assist in funding activities we need to capture the following information:**

*(Optional but encouraged)*

Are you of Aboriginal or Torres Strait Islander descent? **Yes / No** If your main speaking language home is other than Australian, which language please? .....

Skater's country of birth .....

**Membership is an annual subscription from October 1st to September 30<sup>th</sup> the following year or any part thereof.**

<b>ISV Full Membership-Senior</b>	Persons 16 years of age and over	<b>\$90.00</b>
<b>ISV Full Membership-Junior</b>	Persons under the age of 16	<b>\$90.00</b>
<b>ISV Associate Membership</b>		<b>\$50.00</b>
<i>Persons of any age who only propose to take part in competitions and tests associated with the Aussie Skate Program. Associate membership applies for a maximum of a year. Skaters need to upgrade to a Full Membership following the first year, or to undertake a Preliminary Test.</i>		
<b>Payments can be made:</b>	Cash or Money Order Cheque (made out to Ice Skating Victoria - banks don't accept ISV) By direct deposit to Ice Skating Victoria (Reference - last name): BSB: 033 084 Account: 933625	
<b>Office Use:</b>		
Date received: ...../...../..... ISV Receipt No: .....		
ISV Checked:	Date:	