



ICE SKATING VICTORIA

INCORPORATED A0012348Z

P.O. Box 667 Carnegie Victoria 3163



P O Box 96, Golden Square VICTORIA 3555

RENEWAL MEMBERSHIP FORM

PLEASE COMPLETE ALL SECTIONS TO ENSURE ISV & ISCB 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 MembershipHome Club.....

Ice Skating Australia / Proof of Age Number

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

Parent Phone NumberEmail.....

To assist in funding activities please provide 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

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

Signature _____ Date _____

(Parent / Guardian of Member under 16)

MEMBERSHIP IS BY ANNUAL SUBSCRIPTION

from October 1st to September 30th the following year or any part thereof.

Table with membership categories, age requirements, and fees. Includes ISV Full Membership-Senior (\$90.00), ISV Full Membership-Junior (\$90.00), ISV Associate Membership (\$50.00), and Ice Skating Club Bendigo Membership (ISCB Full Membership - Senior \$17.00, ISCB Full Membership - Junior \$15.00, ISCB Membership - Non Skater \$5.00).

Office Use:

Date received:/...../..... ISV Receipt No: ISCB Receipt No:

Table with four columns: ISV Checked, Date, Club Checked, Date.