

2017-2018

New Membership Application



Professional Skaters Association
3006 Allegro Park SW
Rochester, MN 55902
Phone: 507-281-5122
Fax 507-281-5491
Email: office@skatepsa.com
Website: www.skatepsa.com

PERSONAL INFORMATION

Please print clearly or type

Name _____ Maiden Name _____

Former member of PSA? _____ Year? _____ Under what name? _____

Address _____

City _____ State/Country _____ Zip Code _____

Birth Date _____

Work Phone _____ Home Phone _____ Cell Phone _____

Fax _____ Email _____

I teach (circle disciplines):

Singles Pairs MIF Dance Group Choreography Synchro Power/Hockey Conditioning

Have you ever been convicted of a crime where a minor was a victim? Yes No

If yes, Date _____ Jurisdiction _____ Attach Explanation of Circumstances

Have you ever been convicted of a gross misdemeanor or felony? Yes No

If yes, Date _____ Jurisdiction _____ Attach Explanation of Circumstances

A sponsor is required for all types of membership.

PSA Sponsor or Mentor _____

Membership in the PSA may be denied or terminated if I am in violation of the Code of Ethics or By-Laws of the PSA. I certify that the information herein is true & correct.

Applicant's Signature _____ Date _____

TYPE OF MEMBERSHIP

Membership does not preclude any PSA member from teaching discounted or free lessons.

FEES

FULL- \$135

Full membership shall be available to an instructor, age 18 years or older, who teaches an average of 5 hours or more per week. Full membership also applies to skate technicians and program directors. Full membership is required to take oral rating exams and sport science and medicine exams. Only full members hold voting privileges and can hold elective office. Full members are eligible for liability insurance.

ASSOCIATE- \$85

Associate membership shall be available to an instructor, age 16 years or older, who teaches an average of 5 hours or less per week, an ice show skater, or a coach whose main occupation is not figure skating but whose expertise is in off-ice training in fields such as dance, conditioning, biomechanics, or sports physiology. Associate membership is also for temporarily or permanently retired coaches. Associate members qualify to take the Basic Accreditation exam, and are eligible for liability insurance. Associate members do not have voting privileges and cannot hold elective office.

BASIC- \$45

Refers to an instructor, 16 years or older who teaches group classes for a recognized US Basic Skills or ISI WeSkate program and does not teach private or semi-private lessons. Basic members are not eligible for ratings; to vote; or to purchase liability insurance.

Pro-Rated Fees *(during indicated month only, refer to FEES box for regular membership fee.)*

	Full	Associate
January	\$125.00	N/A
February	\$115.00	N/A
March	\$105.00	N/A
April	\$165.00	\$100.00
May	\$155.00	\$95.00
June	\$145.00	\$90.00

****Basic is not pro-rated**

****April- June changes are: Full- \$10/month + next yrs dues; Assoc- \$5/month + next yrs dues**

INTERNATIONAL POSTAGE FEES ADD:

(Canada & Mexico) \$25 _____
 (Other than US, Canada & Mexico) \$45 _____

CONTRIBUTION: I would like to add \$1.00 or more to the following:

PSA Foundation \$ _____
 PSA Building Fund \$ _____

COACHES MANUAL- \$33.00 (Includes postage & handling) _____

TOTAL AMOUNT DUE (U.S. Funds) \$ _____

Memberships are non-refundable. A \$25 fee will be charged on all returned checks or invalid credit card numbers.

Visit our website at www.skatepsa.com or contact PSA office.

PAYMENT

Membership runs from July 1 to June 30. Make checks payable to PSA or you may use MasterCard, VISA, Discover or American Express.

Account# _____ Exp. Date _____

3-digit code _____ Signature _____ Date _____