



## MEMBERSHIP APPLICATION FORM

MEMBERSHIP TYPE: Full / Associate / 18+ Further Education (DELETE AS APPLICABLE)

SURNAME:	FORENAME:	GENDER:
ADDRESS:	EMERGENCY CONTACTS NAME:	
POST CODE:	ADDRESS:	
TELEPHONE HOME:	RELATIONSHIP:	
TELEPHONE MOBILE:	TELEPHONE HOME: MOBILE:	
E-MAIL:	DOB:	

I AM COACHED BY :	NISA MEMBERSHIP No:
-------------------	---------------------

DISCIPLINES I PARTICIPATE IN:

FIGURE	DANCE
SE/NISA LEARN TO SKATE LEVEL: DATE PASSED:	COMPULSORY: DATE PASSED:
NISA FREE LEVEL: DATE PASSED:	FREE DANCE: DATE PASSED:
NISA ELEMENTS LEVEL: DATE PASSED:	VARIATION: DATE PASSED:
NISA FIELD MOVES: DATE PASSED:	

**PAYMENT**

“ONE OFF” JOINING FEE £25

FULL SKATING MEMBERSHIP £240 per club season

FURTHER EDUCATION 18+ LIMITED MEMBERSHIP £75 Per Season Payable in full

SIGNATURE..... DATE .....

IF UNDER 18

PARENT/GUARDIAN SIGNATURE ..... DATE .....

By signing, I/we agree to be bound by the club rules and agree to the terms and conditions listed on the club’s web page.

If consent for photographic images is withheld, please tick the box .

MEMBERSHIP NUMBER ..... OFFICIAL USE ONLY

**EQUITY**

The Club is committed to provide equal opportunities to all.

The following section is optional and is used to purely to enable monitoring of the club and is strictly confidential.

**TO WHICH ETHNIC GROUP DO YOU BELONG**

- White:                      British                      Irish                                      \*Other
- Mixed:                      Black African                      Asian                      Black Caribbean                      \*Other
- Asian or Asian British: Indian                      Pakistani                      Bangladeshi                      \*Other
- Black or Black British : Caribbean                      African                                      \*Other
- Chinese or Other:                      Chinese                                      \*Other

\*For other please specify:.....

Do you consider yourself to have any of the following disabilities?

- Visual impairment                      Hearing impairment                      Physical disability
- Learning disability                      Multiple disability                      \*Other

\* For other please specify:.....

---

**STANDING ORDER FORM MANDATE**

**If you wish to pay by standing order please complete and return it to your bank with the “quoting reference” as the member’s name.**

To the manager: ..... Bank

Branch Address:

Please pay the sum of £20 on the ..... day of each month commencing in ..... from the following account.

ACCOUNT NUMBER  
SORT CODE  
ACCOUNT NAME

To the account in the name of “Basingstoke Ice Skating Club”  
HSBC Bank Plc,  
14 The Broadway,  
Portswood,  
Southampton  
SO17 2AZ.

**Account Number:** 11420941                      **Sort Code:** 40-42-19  
**Quoting Reference** ..... (Member’s name)

Signatures(s) ..... Date .....