



Membership Form (Please print or type. One form per member)

Personal Information

(Last Name)	(Given Names)	(Middle Initial)
Home Address		
Barangay	City	Postal Code
Birthday _____ (mm/dd/yyyy)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
Home Phone _____	Home Fax _____	
Work Phone _____	Work Fax _____	
Cell Phone _____	e-mail _____	
Spouse/Parent Name _____	Main Coach _____	

ISIA Membership

Member : yes no ISIA # _____ Expiry Date _____ (mm/dd/yy)
 ISIA paid-up test level/s _____ as of _____ (mm/yy)
 ISIA current lesson level (Please check)

Basic	<input type="checkbox"/> Pre-alpha	<input type="checkbox"/> Alpha	<input type="checkbox"/> Beta	<input type="checkbox"/> Gamma	<input type="checkbox"/> Delta
Freestyle	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 7 <input type="checkbox"/> 8	<input type="checkbox"/> 9 <input type="checkbox"/> 10	
Dance	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 7 <input type="checkbox"/> 8	<input type="checkbox"/> 9 <input type="checkbox"/> 10	
Couples	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 7 <input type="checkbox"/> 8	<input type="checkbox"/> 9 <input type="checkbox"/> 10	
Figures	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 7 <input type="checkbox"/> 8	<input type="checkbox"/> 9 <input type="checkbox"/> 10	
Pair	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 7 <input type="checkbox"/> 8	<input type="checkbox"/> 9 <input type="checkbox"/> 10	
Hockey	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 5			

Philippine Skating Union (PSU) Membership

PSU Test level

Singles	<input type="checkbox"/> pre-juvenile	<input type="checkbox"/> juvenile	<input type="checkbox"/> intermediate	<input type="checkbox"/> novice	<input type="checkbox"/> junior	<input type="checkbox"/> senior
Dance	<input type="checkbox"/> pre-juvenile	<input type="checkbox"/> juvenile	<input type="checkbox"/> intermediate	<input type="checkbox"/> novice	<input type="checkbox"/> junior	<input type="checkbox"/> senior
Pairs	<input type="checkbox"/> pre-juvenile	<input type="checkbox"/> juvenile	<input type="checkbox"/> intermediate	<input type="checkbox"/> novice	<input type="checkbox"/> junior	<input type="checkbox"/> senior
Precision	<input type="checkbox"/> pre-juvenile	<input type="checkbox"/> juvenile	<input type="checkbox"/> intermediate	<input type="checkbox"/> novice	<input type="checkbox"/> junior	<input type="checkbox"/> senior
Moves in the field	<input type="checkbox"/> pre-juvenile	<input type="checkbox"/> juvenile	<input type="checkbox"/> intermediate	<input type="checkbox"/> novice	<input type="checkbox"/> junior	<input type="checkbox"/> senior

