



ISI INDIVIDUAL MEMBERSHIP APPLICATION

Please Print

Check one: New Member Renewal Information Update

Domestic Individual membership dues are \$7(US) annually per member.

Foreign Individual membership dues are \$15(US) annually per member.

Dues, contributions or gifts to ISI are not tax deductible as charitable contributions. However, they may be tax deductible as ordinary and necessary business expenses.

FIRST INDIVIDUAL MEMBER

ISI Number _____ Name of Home Rink _____
 Last Name _____ First Name _____ M.I. _____
 Street Address _____

 City _____ State/Province _____ Zip _____
 Country _____ Phone Number () _____
 Birthdate ____/____/____ Gender (please circle one) Male Female

ADDITIONAL FAMILY MEMBERS JOINING / RENEWING NOW:

ISI Number _____ Name of Home Rink _____
 Last Name _____ First Name _____ M.I. _____
 Birthdate ____/____/____ Gender (please circle one) Male Female

ISI Number _____ Name of Home Rink _____
 Last Name _____ First Name _____ M.I. _____
 Birthdate ____/____/____ Gender (please circle one) Male Female

Individual Member Accident Insurance Information (Included with membership)

(\$5,000 Medical/Dental Expense Maximum (\$1,000 Accidental Death and Dismemberment (\$100 Deductible per injury. This is a disappearing deductible, i.e. in the event the claimant uses their primary personal insurance, the deductible will not apply. THE FOLLOWING LIMITATION ON PAYMENT WILL APPLY: Hospital room and board – Semi-private room rate not to exceed \$100 per day. This is excess insurance, but is primary insurance where no other insurance exists. This coverage becomes effective on the day the application is received by ISI's national office. Coverage is provided for injuries sustained while participating in recreational ice skating sponsored by the policyholder on the premises of a facility that has an ISI Administrative Membership.

(OPTIONAL) ISIA Education Foundation Donation (tax deductible IRS #36-3638131). Amount: \$ _____

Please Charge my (Check one) Mastercard VISA Discover Total: \$ _____
(Dues are not tax deductible as a donation)

Card # _____ Exp Date _____ Cardholder _____
 Cardholder Signature _____ Phone _____
Please Print
Must be included

Office Use Only:	Trans Code	Member Rink Number
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