



COST OF MEMBERSHIPS

One membership form required per individual. Select SRSTA membership type below and if you are a new or current member. Each membership is \$42 per year.

- ACA - Artistic
 SCA - Speed
 RHCA - Hockey
 Learn to Skate Teacher

New Membership
 OR
 Renew SRSTA Membership #

GENERAL INFORMATION

Please complete all information on this application.

Applicant's Name				Male <input type="checkbox"/>	Female <input type="checkbox"/>	
Mailing Address						
City	State		Zip Code			
Email Address						
Best Phone Number				DOB		

NEW MEMBERS

If you are applying for a new SRSTA membership, the following information must be completed. Current SRSTA members can skip this section.

Skating Reference #1	Phone or Email	
Skating Reference #2	Phone or Email	
Have you ever been convicted of an offense, other than a traffic violation?		YES <input type="checkbox"/> NO <input type="checkbox"/>
If yes, please explain:		

RINK DETAILS

Please complete information pertaining to the RSA rink from which you will be operating. If different than previous year, You **MUST** obtain a signature of the current RSA rink owner or operator.

Rink Name	Rink ID	
City	State	Zip Code
Operator's Name	Rink Email	
Operator's Signature	Rink Phone	

HISTORY

Judge Commission fees are waived for SRSTA members. Commissions will be renewed for the upcoming membership period if this section is filled out.

Are you a current RSA Judge? Yes <input type="checkbox"/> No <input type="checkbox"/> (list the highest commission levels you hold)				What RSA Achievement Tests have you successfully passed? (list highest level)							
Am Dance		Intl Dance		Figures		Solo Dance		Circle Figures		Loop Figures	
Freestyle		Speed				Team Dance		Freestyle		Speed	

APPLICATION AGREEMENT

All applicants are renewing their SRSTA certification. Renewal is to be submitted with signature of the applicant and must be signed by the rink operator if different than the previous year. All SRSTA Certification applicants must be at least 18 years of age and by signing this application consent to a background check to be performed by a third party provider which will require the use of social security number and identifying information via a secure website.

I understand that by providing my mailing address, email address, telephone and fax number, I consent to receive communications sent by or on behalf of the Roller Skating Association International and its subsidiaries or an agent working on behalf of the RSA, including all RSA Chapters and Sections. I understand that in accordance with their Privacy Statement, the RSA will not share my phone, fax or email address with a non-related third party without prior written authorization, as expressed in the Telephone Consumer Protection Act and all subsequent revisions. Further, I understand that I can revoke this consent by contacting the RSA in writing and allowing them 90 days to change my status with all subsidiaries and agents with whom they contract.

I agree that my name entered on this contract affirms my consent.

Signature: _____ Date: _____

PAYMENT INFORMATION

Please enclose check for one full year's dues with this application or provide credit card information below. All SRSTA memberships expire March 1.

Membership Total (See top of this page)	\$	Check Number	
Credit Card Number			
Name on Card			
Security Code	Expiration		
Billing Address on Card			
City	State	Zip Code	
Signature			