



# Roller Skating Association Membership Application

COST OF MEMBERSHIP					
Please complete a separate contract for <b>each individual rink</b> and use the pricing below on each contract.					
<b>Primary Rink</b>	<input type="checkbox"/> \$390/ea	<b>2nd - 4th Rink</b>	<input type="checkbox"/> \$305/ea	<b>5th - 6th Rink</b>	<input type="checkbox"/> \$255/ea
<b>Additional Persons</b> (First two members are included.)			\$25/ea	<b>Total Persons</b>	
<b>Please calculate total amount for persons and rinks above.</b>			\$		

Please complete all information on both pages of this contract for **each individual rink**. Please note that **Rink Address** is the physical address of your rink, **Shipping Address** is where you have large packages hand delivered (CAN NOT be sent to a post office box), and **Mailing Address** is where you have small mail sent (can include a post office box). Please do not use role addresses such as info@, sales@, admin@, contact@, etc.

<b>SKATING CENTER INFORMATION</b>	<b>Skating Center Name</b>					
	<b>Rink Address</b>					
	<b>City</b>		<b>State</b>		<b>Zip Code</b>	
	<b>Shipping Address</b> <i>(NO P.O. BOX ADDRESSES. This is where large packages should be sent or signed for.)</i>				<b>Please indicate shipping address type:</b>	
					<input type="checkbox"/> Residential Address	
					<input type="checkbox"/> Commercial Address	
	<b>City</b>		<b>State</b>		<b>Zip Code</b>	
	<b>Mailing Address</b> <i>(Can include PO Boxes. This is where small mail items should be sent.)</i>				<b>Please indicate shipping address type:</b>	
					<input type="checkbox"/> Residential Address	
					<input type="checkbox"/> Commercial Address	
	<b>City</b>		<b>State</b>		<b>Zip Code</b>	
	<b>Public Phone</b>		<b>Best Phone or Cell Number (non-published)</b>			
	<b>Email Address</b> (Do not use role addresses such as info@, sales@, admin@, contact@, etc.)					
	<b>Fax</b>		<b>Website</b>			
	<b>Skating Floor Size (W x L) (ft.)</b>		<b>Building Size (W x L) (ft.)</b>			
<b>Did you: (check one)</b>	<input type="checkbox"/> Build New Rink	<input type="checkbox"/> Take over existing rink	<input type="checkbox"/> Reinstate rink as member			
<b>What fountain beverage do you serve: (Check one)</b>	<input type="checkbox"/> Pepsi	<input type="checkbox"/> Coke	<input type="checkbox"/> Other			
<b>Type of Business Organization:</b>	<input type="checkbox"/> Partnership	<input type="checkbox"/> Proprietorship	<input type="checkbox"/> Corporation	<input type="checkbox"/> Other		
<b>Services Offered</b> (Please check all that apply. If additional categories are needed, please list in Other or on the back of this form):	<input type="checkbox"/> Adult Skate <input type="checkbox"/> After School Program <input type="checkbox"/> Arcade <input type="checkbox"/> Bar <input type="checkbox"/> Batting Cages <input type="checkbox"/> Birthday Parties <input type="checkbox"/> Bounce Houses <input type="checkbox"/> Bowling <input type="checkbox"/> Corporate Outings <input type="checkbox"/> Dances <input type="checkbox"/> Daycare <input type="checkbox"/> Frequent Visitor Card <input type="checkbox"/> Fundraising <input type="checkbox"/> Gift Certificates <input type="checkbox"/> Glow Room <input type="checkbox"/> Go-Karts <input type="checkbox"/> Holiday Parties <input type="checkbox"/> Jam Skating <input type="checkbox"/> Laser Tag <input type="checkbox"/> Miniature Golf <input type="checkbox"/> Novelty Stand <input type="checkbox"/> Paint Ball <input type="checkbox"/> Pro Shop <input type="checkbox"/> Restaurant <input type="checkbox"/> Redemption Games <input type="checkbox"/> Rock Climbing <input type="checkbox"/> Roller Hockey <input type="checkbox"/> Skate Park <input type="checkbox"/> Skating Lessons <input type="checkbox"/> Snack Bar <input type="checkbox"/> Soft Play <input type="checkbox"/> Summer Camp <input type="checkbox"/> Video Games <input type="checkbox"/> Water Park <input type="checkbox"/> Other er _____ _____ _____					

<b>INDIVIDUAL MEMBER NAMES</b>	Please print or type name(s) of person(s) who will represent the facility in the association. <b>First two individuals are included. Each additional member name is \$25.</b> If more than 5, please include names and titles on a separate sheet of paper. Check one title. Email and phone information below is for office use only and will not be published. (Please do not use role addresses such as info@, sales@, admin@, etc.)					
	<b>Name 1. (Incl.)</b>		<b>Title</b>	<input type="checkbox"/> Owner/Operator	<input type="checkbox"/> Operator	<input type="checkbox"/> Manager
	<b>Email</b>		<b>Direct Phone / Cell Phone</b>			
	<b>Name 2. (Incl.)</b>		<b>Title</b>	<input type="checkbox"/> Owner/Operator	<input type="checkbox"/> Operator	<input type="checkbox"/> Manager
	<b>Email</b>		<b>Direct Phone / Cell Phone</b>			
	<b>Name 3. (\$25)</b>		<b>Title</b>	<input type="checkbox"/> Owner/Operator	<input type="checkbox"/> Operator	<input type="checkbox"/> Manager
	<b>Email</b>		<b>Direct Phone / Cell Phone</b>			
	<b>Name 4. (\$25)</b>		<b>Title</b>	<input type="checkbox"/> Owner/Operator	<input type="checkbox"/> Operator	<input type="checkbox"/> Manager
	<b>Email</b>		<b>Direct Phone / Cell Phone</b>			
	<b>Name 5. (\$25)</b>		<b>Title</b>	<input type="checkbox"/> Owner/Operator	<input type="checkbox"/> Operator	<input type="checkbox"/> Manager
	<b>Email</b>		<b>Direct Phone / Cell Phone</b>			

# Roller Skating Association Membership Application

MEMBERSHIP CONTRACT AGREEMENT

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 RSA, including all RSA Chapters and Sections. I understand that in accordance with their Privacy Statement, 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 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: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

CORPORATE DESIGNATION

**If this membership application is for a corporation, this corporate resolution must be filled out and returned with this application for membership.**

A certified copy of resolutions of the Board of Directors of \_\_\_\_\_, Incorporated, so registered with the state of \_\_\_\_\_. The aforementioned corporation does herewith make application to the ROLLER SKATING RINK OPERATORS ASSOCIATION, dba Roller Skating Association International on behalf of the \_\_\_\_\_ (Roller Skating Rink), which is operated by the corporation. I, the undersigned, do hereby certify that I am the duly elected and qualified secretary of \_\_\_\_\_, Incorporated and that the foregoing is true and correct resulting from resolutions duly adopted by the Board of Directors of said corporation at a meeting held on the \_\_\_\_\_ (day), day of \_\_\_\_\_ (month), 20\_\_\_\_ (year).

I \_\_\_\_\_, a director or officer of said corporation, do hereby certify that the foregoing is a correct copy of the resolutions adopted as above set forth.

\_\_\_\_\_  
 (Director-Officer) (Rink Corporation Secretary)

This corporation designation states that the corporation's Board of Directors has had a meeting and approved the individuals listed as owner/operator or operators as the corporate representatives in membership to the Roller Skating Association.

PAYMENT INFO

Please enclose check with one full year's dues with this application. All rink memberships expire January 1. For second year with the RSA, your membership dues will be prorated to reflect the months before you joined. 4% credit card processing fee.

<b>Signature</b>	<b>Amount Enclosed (See top of page 1)</b>	<b>\$</b>
<b>Check Number</b>	<b>Credit Card Number</b>	
<b>Name on Card</b>	<b>Security Code</b>	<b>Expiration Date</b>
<b>Billing Address</b>		
<b>City</b>	<b>State</b>	<b>Zip Code</b>

OFFICE USE

<b>Date Received</b>	<b>Date Paid</b>	
<b>RSA ID Number</b>	<b>Date Entered</b>	
<b>Access ID</b>	<b>Amount</b>	<b>Section Number</b>

**RETURN TO:**  
 RSA · Attn: Membership  
 6905 Corporate Drive  
 Indianapolis, IN 46278  
 P: 317-347-2626 · F: 317-347-2636  
 membership@rollerskating.com

Thank you for becoming a member of the Roller Skating Association International. We look forward to having a long and prosperous business relationship with you and your skating center. You can look forward to receiving your new membership packet in the coming weeks.