

# Administrative Membership Application



ISI Administrative Membership grants one facility, club, school or league the right to use the ISI copyrighted program materials for the term of membership. This right applies to one facility, club, school or league only. If you wish to use the ISI program materials in additional facilities, another Administrative Membership will be required for each facility.

<p><b>CHECK ONE</b>    <input type="checkbox"/> New Member</p> <p>                  <input type="checkbox"/> Renewal</p> <p>                  <input type="checkbox"/> Information Update</p>	<p><b>CHECK ONE</b>    <input type="checkbox"/> Privately Owned Arena    <input type="checkbox"/> Publicly Owned Arena</p> <p>                          <input type="checkbox"/> School/College Arena    <input type="checkbox"/> Skating School</p> <p>                          <input type="checkbox"/> Skating Club                <input type="checkbox"/> League/Association</p>
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Administrative Membership **\$395** (US & International) annually  
*Dues to ISI are not tax deductible as charitable contributions.*

**LOCATION ADDRESS**

Business Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_

Business Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email Address \_\_\_\_\_ Web Address \_\_\_\_\_

**BILLING ADDRESS** *(if different from above)*

Street Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_

**SHIPPING ADDRESS** *(if different from above)*

Street Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_

**MANAGEMENT INFORMATION**

Rink Manager \_\_\_\_\_ E-mail Address \_\_\_\_\_

Skating Director \_\_\_\_\_ E-mail Address \_\_\_\_\_

Hockey Director \_\_\_\_\_ E-mail Address \_\_\_\_\_

1st Voting Representative \_\_\_\_\_ 2nd Voting Representative \_\_\_\_\_

<b>PAYMENT TYPE (circle one)</b> <input type="checkbox"/> Check <input type="checkbox"/> VISA <input type="checkbox"/> M/C <input type="checkbox"/> Amex <input type="checkbox"/> Discover	<b>NON-REFUNDABLE</b>
<small>(All fields required)</small>	
Credit Card Number _____	TOTAL \$ _____
Name on Card (please print) _____	
Credit Card Exp Date _____	Card Billing Zip Code _____
Card Security No _____	
Cardholder Signature _____	
Phone (must be included) _____	email _____