

**ISI conducts background checks through Protect Youth Sports
Your membership is not valid until your background check has been successfully completed**



ISI ASSOCIATE JUDGE APPLICATION

Membership Term 9/1/22 – 8/31/23

Associate Judge membership dues are **\$45 (US)** annually and include membership, background check, and certification test(s). Please fill out application and return to liz@skateisi.org

Background Check Required

Your membership will be processed, however, it will not be valid until an ISI background check is completed and approved.
Web-link: <https://opportunities.averity.com/skateisi>

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.

Associate Judge membership is intended for individuals who are USFS judges and who do not derive income from working in the ice skating industry. This limited classification of membership is strictly for the purpose of judging at ISI events in the discipline of ice dancing and synchronize skating. Taking and passing of the associated certificate test(s) is mandatory before participating as an associate judge at any ISI endorsed event.

Referred by _____

USFS Judge Level _____ USFS # _____

Check test(s) applying for: Ice Dancing certification test Synchronized Team certification test

Last Name _____ First Name _____ MI _____

Street Address _____

City _____ State/Province _____ Zip _____

Country _____ Phone Number _____ Birth Date _____

Email Address _____

Applicant understands and agrees to abide by the ISI's Code of Ethics and Tenets of Professionalism. Also, applicant has never been charged and/or convicted of sexual abuse or misconduct. I hereby confirm and verify the information and statements above.

Signature of Applicant _____ Date _____

PAYMENT TYPE (circle one) Check VISA M/C Amex Discover
(All fields required)

NON-REFUNDABLE

Credit Card Number _____ **TOTAL \$**

Name on Card (please print) _____

Credit Card Exp Date _____ **Card Billing Zip Code** _____ **Card Security No** _____

Cardholder Signature _____