



Roller Skating Association SRSTA Membership

COST OF MEMBERSHIPS

One membership form required per individual. Select SRSTA membership type below and if you are a new or current member.

ACA - Artistic <input type="checkbox"/>	\$40/year	SCA - Speed <input type="checkbox"/>	\$40/year	RHCA - Hockey <input type="checkbox"/>	\$30/year
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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 the RSA and/or rink operator.

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 / SCA / RHCA memberships expire March 1.

Membership Total (See top of page 1)	\$	Check Number	
Credit Card Number			
Name on Card			
Security Code	Expiration		
Billing Address			
City	State	Zip Code	
Signature			