

## MEMBERSHIP APPLICATION FORM

**National Ice Skating Association (UK) Ltd, Grains Building,  
 High Cross Street, Hockley, Nottingham, NG1 3AX**  
**Telephone: 0115 9888064 Fax: 0115 9888061**  
**e-mail: [testmembership@iceskating.org.uk](mailto:testmembership@iceskating.org.uk)**  
**website: [www.iceskating.org.uk](http://www.iceskating.org.uk)**  
**web shop: [www.nisastore.org.uk](http://www.nisastore.org.uk)**

**NISA membership can now be applied for online by visiting**  
**[www.iceskating.org.uk/membership](http://www.iceskating.org.uk/membership).**

**Online payment is not subject to a 5% charge.**

Title	MR/MRS/MISS/MS	Membership No.	
Name	_____		(office use only)
Address	_____ _____	Post Code	_____
Email	_____	Date of Birth	_____
Telephone No.	_____		
Nationality	_____		
Signature	_____		
Signature of Parent/Guardian if under 18	_____		

<b>FULL ANNUAL MEMBERSHIP</b>	<b>£59.00</b>	<b>( )</b>
(Over 18 years of age)		
<b>ASSOCIATE ANNUAL MEMBERSHIP</b>	<b>£52.00</b>	<b>( )</b>
(Under 18 years of age)		

**PLEASE INDICATE WHICH DISCIPLINES YOU PARTICIPATE IN:**  
 (You may tick more than one box)  
 Dance  Pairs  Singles  Speed  Synchronized

**Please note: your details will be held on the Association's computer database.**

### MEMBERSHIP BENEFITS

Personalised Membership card, exclusive range of NISA merchandise, Full voting rights in accordance with the Constitution, £5 Million public liability insurance, Personal accident insurance, One membership fee gives you access to all disciplines, Education and certification programme for coaches, Education programme for Judges, Eligibility to compete in NISA/ISU sanctioned events

**METHODS OF PAYMENT:**

By cheque / postal order made payable to NISA or by credit / debit card:

Card No:.....

Start Date:..... Expiry Date:..... Issue No (if applicable):.....

Security Number:(last three digits on back of card).....

Authorising Signature:.....

**Please note that all card payments made via the post are subject to a 5% charge**

In order to comply with our Ethnicity Plan and to improve customer care, you are requested to kindly complete the voluntary information tables below:

Male  Female  Please tick as appropriate

**Ethnic Origin:**

	Individual Member	NISA Official (Judge/ Ref etc.)	Coach
White			
Black African			
Black Caribbean			
Black – other			
Indian			
Pakistani			
Bangladeshi			
Chinese			
Asian – other			
Other ethnic minority			

**Disabilities:**

	Individual Member	NISA Officials (Judge/Ref etc.)	Coach
Deaf			
Visually Impaired			
Physical disability			
Learning disability			
Multiple disability			