

The Skating Club of Wilmington's  
**SYNCHRO MEMBERSHIP RENEWAL**

Please **print** clearly and fill out completely

Name:

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|           |             |                  |                                      |                       |
|-----------|-------------|------------------|--------------------------------------|-----------------------|
| <b>Dr</b> | <b>Mrs.</b> | <b>Last Name</b> | <b>Legal First Name (and spouse)</b> | <b>Middle Initial</b> |
| <b>Mr</b> | <b>Ms</b>   |                  |                                      |                       |

Home Address:

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|               |             |              |            |
|---------------|-------------|--------------|------------|
| <b>Street</b> | <b>City</b> | <b>State</b> | <b>Zip</b> |
|---------------|-------------|--------------|------------|

E-mail address: \* \_\_\_\_\_

\*By providing your email address, you agree that SCW may provide you, by electronic mail, notices required by law and by SCW's governing documents.

Member:

Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Work Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Mobile Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Spouse/Other:

Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Work Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Mobile Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Children in Household (under 21 years of age) and birth dates.

(1) \_\_\_\_\_ DOB \_\_\_\_\_

(2) \_\_\_\_\_ DOB \_\_\_\_\_

(3) \_\_\_\_\_ DOB \_\_\_\_\_

(4) \_\_\_\_\_ DOB \_\_\_\_\_

Additional: \_\_\_\_\_

**ANNUAL DUES**

\_\_\_\_\_ **Basis Skating Membership:** **\$200.00**  
(includes 3 free sessions per year valued at \$45)

\_\_\_\_\_ **Social Membership (No Skating): Individual or Family** **\$100.00**

**ANNUAL SCW MEMBERSHIP DUES**

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