Communiskate Inc.
Membership Information Form

Name: _____ _____ _____
Last Name Initial First

Email: _____

Name: _____ _____ _____
Last Name Initial First

Email: _____

Home Phone: _____
Cell Phone: _____
Work Phone: _____
Home Phone: _____
Cell Phone: _____
Work Phone: _____

Mailing Address

City/Town _____ Address/P.O.Box _____

Membership **Lifetime** ☐ **Annual** ☐

Membership Number: _____
Amount Paid: _____
Start Date: _____

Family Members Age 18 & Under

Last Name	Initial	First	Y/M/D

Comments:

_____

Membership information is required to keep our membership current
Communiskate staff use the membership list for stick & puck, family skates
Without current information you may be held off the ice until membership is verified