

Roller Skating Association Membership Application

Please send information to:

6905 Corporate Drive ♦ Indianapolis, IN 46278

Phone: 317-347-2626 ♦ Fax: 317-347-2636

Web Site: www.rollerskating.com ♦ Email: ebraughton@rollerskating.com

OFFICE USE ONLY

Date Received: _____ Date Paid: _____
ID Number: _____ Date Entered: _____
Access ID: _____ Section: _____

SKATING CENTER INFORMATION:

Skating Center Name: _____

Skating Center **Physical** Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____ Website: _____

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Skating Floor Size: _____ ft. x _____ ft. Building Size: _____ ft. x _____ ft. County: _____

Did you: Build New Rink Take over existing rink Reinstate rink as a member

What fountain beverage do you serve: Pepsi Coke Other: _____

Type of business organization: Partnership Proprietorship Corporation

OWNER/OPERATORS:

Please print or type name(s) of person(s) who will represent the facility in the association.

Please send \$25 **each** for more than two names.

	Owner/Operator	Operator	Manager
1. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COST OF MEMBERSHIP

Primary Rink-\$360

Second through fourth rinks-\$275 each

Fifth and sixth rink-\$225 each

Additional person(s) listed-\$25 each

Additional mailings-\$30 each



PAYMENT METHOD

PLEASE ENCLOSE CHECK WITH ONE FULL YEAR'S DUES WITH THIS APPLICATION.

(All rink memberships expire Jan. 1. For second year with RSA, your membership dues will be prorated to reflect the months before you joined.)

Date: _____ Amount: \$ _____

Check Enclosed: Check Number: _____

Credit Card: MasterCard Discover

Visa Amex

Account Number _____

Exp. Date _____

Signature _____

-OVER-

CORPORATE DESIGNATION

IF THIS MEMBERSHIP IS FOR A CORPORATION, THIS CORPORATE RESOLUTION MUST BE FILLED OUT AND RETURNED WITH APPLICATION FOR MEMBERSHIP

A certified copy of resolutions of the Board of Directors of _____, Incorporated, so registered with the state of _____. The aforementioned corporation does herewith make application to the ROLLER SKATING RINK OPERATORS ASSOCIATION dba Roller Skating Association International on behalf of the _____, Roller Skating Rink, which is operated by the corporation. I, the undersigned do hereby certify that I am the duly elected and qualified secretary of _____, Incorporated and that the foregoing is true and correct resulting from resolutions duly adopted by the Board of Directors of said corporation at a meeting held on the _____, day of _____, 20_____.

I _____, a director-Officer of said corporation, do hereby certify that the foregoing is a correct copy of the resolutions adopted as above set forth

(Director-Officer)

(Rink Corporation Secretary)

This corporation designation states that the corporation's Board of Directors has had a meeting and approved the individuals listed as owner/operator or operators as the corporate representatives in membership to the Roller Skating Association International.

PLEASE SIGN

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 RSA, including all RSA Chapters and Sections.

I understand that in accordance with their Privacy Statement, RSA will not share my phone, fax, or email address with a non-related third party without my 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 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 above affirms my consent. _____ (sign) _____ (Date)

I (we) hereby make application for membership in the Roller Skating Association International. I (we) understand that membership with the association is not transferable to new owners. If accepted, I (we) will abide by the RSA Constitution and Bylaws, support its objectives, comply with the rules and decisions of the Board of Directors and pay the established dues.

(sign)

(Date)

(sign)

(Date)

(sign)

(Date)

(sign)

(Date)

HOW DID YOU FIND OUT ABOUT THE RSA:

Mailing

Former Member

Word of Mouth

Trade Show

Internet

Other: _____

Thank you for becoming a member of the Roller Skating Association International. We look forward to having a long and prosperous business relationship with you and your skating center. You can look forward to receiving your new membership packet in the coming weeks.