

Wissahickon Skating Club



New Membership Application

Thank you for your interest in The Wissahickon Skating Club!

Founded in 1954, the Wissahickon Skating Club is a private, not-for-profit, family-oriented skating club dedicated to the development of amateur skating. The Club is committed to providing programs to skaters of all ages and abilities while also supporting and developing amateur athletes for local, national, and international competition. The Club offers a variety of Membership options to meet the specific needs of families and individuals.

The Membership Process

1. Complete and submit the attached Member Information Form, and the Membership Builder Pricing Form to:
Wissahickon Skating Club
Attention: New Membership
550 W. Willow Grove Avenue Philadelphia,
PA 19118
2. Applications for membership at WSC are rolling.
3. In the event that a Club Program is at capacity, the applicant(s) will be contacted.

Membership Dues, Fees, and Billing

Membership Dues and Fees will be billed on August 1st. One-third is due August 31st; one-third is due by September 30th and one-third by October 31st.

Youth Hockey Program Registration

Team Evaluations will take place in April. To participate in Team Evaluations each family must complete the Youth Hockey Registration Materials and submit a \$400 Membership Deposit (per participant) for the upcoming season. The Membership Deposit will be applied towards the family's membership dues and is non-refundable unless a player cannot be placed/rostered on a club team.

Payment Policy

If a member fails to pay any charges when due, their Club Privilege's will be suspended until payment is made. The Board of Directors will strictly enforce these rules. Pro Shop charges will be billed monthly and are due within 30 days of statement date. Public and off-season activities may not be billed to club accounts. Dues and Fees may be paid by Check or by PayPal. *For more information please see the Membership Page of our website at www.wissskating.com/membership*

Membership Questions?

Contact WSC Main Office at 215-247-1759



New Member Information Form

Applicant

Last: _____ First: _____ Initial: _____

Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Primary Phone: _____ Alternate Phone: _____

Occupation: _____ Employer's Name: _____

Employer's Address: _____

Spouse

Last: _____ First: _____ Initial: _____

Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Primary Phone: _____ Alternate Phone: _____

Occupation: _____ Employer's Name: _____

Employer's Address: _____

Children

First Name: _____ Age: _____ Date of Birth: _____

First Name: _____ Age: _____ Date of Birth: _____

First Name: _____ Age: _____ Date of Birth: _____

First Name: _____ Age: _____ Date of Birth: _____

First Name: _____ Age: _____ Date of Birth: _____