



IHA Coach Membership

COST OF MEMBERSHIPS

One membership form required per individual. Select IHA membership type below and if you are a new or current member.

IHA Coach \$40/year

New Membership OR Renew IHA Membership #

GENERAL INFORMATION	Please complete all information on this application.				
	Applicant's Name				Male <input type="checkbox"/> Female <input type="checkbox"/>
	Mailing Address				
	City		State	Zip Code	
	Email Address				
	Best Phone Number			DOB	

NEW MEMBERS	If you are applying for a new membership, the following information must be completed. <u>Current members can skip this section.</u>		
	Skating Reference #1	Phone or Email	
	Skating Reference #2	Phone or Email	
	Have you ever been convicted of an offense, other than a traffic violation?		YES <input type="checkbox"/>
If yes, please explain:			

RINK DETAILS	Please complete information pertaining to the RSA rink from which you will be operating.			
	Rink Name	Rink ID		
	City	State	Zip Code	
	Operator's Name	Rink Email		
	Rink Phone	Rink Fax		

APPLICATION AGREEMENT	All applicants are renewing their IHA Coach certification. All IHA Coach Certification applicants must be at least 18 years of age and by signing this application consent to a background check to be performed by the IHA and/or rink operator.	
	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 IHA and the Roller Skating Association International and its subsidiaries or an agent working on behalf of the IHA, including all RSA Chapters and Sections. I understand that in accordance with their Privacy Statement, the IHA nor the RSA will not share my phone, fax or email address with a non-related third party without 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 the IHA or 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 on this contract affirms my consent.	
Signature: _____ Date: _____		

PAYMENT INFORMATION	Please enclose check for one full year's dues with this application or provide credit card information below. All IHA coach memberships expire March 31.		
	Membership Total (See top of page 1)	\$	Check Number
	Credit Card Number		
	Name on Card		
	Security Code	Expiration	
	Billing Address		
	City	State	Zip Code
	Signature		

OTHER INFO	As soon as application has been received, applicant will receive a link by email to complete information required for background checks. Background checks will be returned to the IHA/RSA at which time credentials will be issued as applicable.	
	RETURN TO: Email completed application to membership@rollerskating.com or fax to 317-347-2636. Questions? Call Sharon McMahon at 317-347-2626 Ext. 108.	