

ISPA USA MEMBERSHIP APPLICATION FORM

ISPA ID # _____

PLEASE FILL OUT THIS APPLICATION AND SEND IT BACK TO THE ADDRESS BELOW
WITH YOUR MEMBERSHIP FEE!

Send back to: William (Bill) Thompson
ISPA USA
8518 Bradfords Gate
Olmsted Falls, OH 44138

Email: clevelandskatclub@gmail.com
Tel: 440-724-5189

Please print!

Surname: _____

Given Name: _____

Address: _____

City: _____

State: _____

Zip code: _____

Date of birth: Month _____ Day _____ Year _____.

Tel: _____

Email: _____

Are you a member of a Skat club where you play on a regular basis? Yes No

Club name: _____

Would you like us to refer you to a Skat club in your area? Yes No



I hereby apply for a membership with ISPA USA

Date _____ Signature _____ Approved by _____

Membership fees are due by the 28th of February every year. Make checks payable to **ISPA USA**.

Annual membership fees as of 2016:

under 18 years	US\$/year 15.00
over 18 up to 65 years	US\$/year 30.00
over 65 years	US\$/year 25.00
married couple	US\$/year 45.00
married couple, both over 65 years	US\$/year 40.00

Please fill in the information and send the form back with the membership fee.