



Healthsouth Speed Skating Club  
Membership Application Form

*Membership Fee - \$35 per family or individual*

Family Name: \_\_\_\_\_

Names of parents/guardians: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Names of skaters: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please make your \$35 membership check payable to the Healthsouth Speed Skating Club and mail your check to:

Sue Perles  
President  
Healthsouth Speed Skating Club  
216 Moonstone Street  
Manhattan Beach, CA 90266