



INDIVIDUAL MEMBERSHIP APPLICATION

Name: _____

Address: _____ P.O. Box: _____

City: _____ State: _____ Zip: _____ Country: _____

Phone Number: _____ Email: _____

If you are working at a venue please provide the following information:

Facility Name: _____

Address: _____ P.O. Box: _____

City: _____ State: _____ Zip: _____ Country: _____

Phone Number: _____ Fax Number: _____

Additional Information:

Male Female Date of Birth: _____

Job Title: _____

Have you attended a STAR Training Program? Y / N

If 'Yes', please check all classes you have completed:

- Ice Maintenance & Equipment Operation (IMEO)
- Ice Making & Painting Technologies (IMPT)
- Basic Refrigeration (BR)
- Operations & Risk Management (ORM)
- Programming, Marketing & Promotions (PMP)
- Advanced Refrigeration (AR)
- Programming, Marketing & Promotions 2 (PMP2)
- Facility Maintenance (FM)
- CIT Refresher (CITR)
- Safe Ice Resurfacer Operation (SIRO)

STAR Individual Membership Fee: \$50 Annually

Payment Type: Check Enclosed VISA MasterCard

Card number: _____ Expiration Date: ____ / ____ / ____ CCV: _____

Name on card: _____ Signature: _____

Contributions and/or gifts to STAR are not tax deductible.