

2017/2018 PSIA-ROCKY MOUNTAIN-AASI 2017/2018 REGISTERED INSTRUCTOR APPLICATION

Mail or FAX with payment to: PSIA-RM, Box 775143, Steamboat Springs, CO 80477
Phone: (970) 879-8335 FAX: (970) 879-6760; www.psia-rm.org

*The address you designate below will be the address entered in your permanent record.
Please notify office of address changes.*

- Member school employment is not required to join as a Registered Instructor
- A Registered Instructor may attend any clinic with "PSIA or AASI/PSIA membership" as the prerequisite and may attend a level 1 (ITC) certification event. Attendance at all 3 ITC days satisfies the former 25-hour requirement.

| | | | |
|-----------|------------|----------------|---|
| LAST NAME | FIRST NAME | MIDDLE INITIAL | DATE OF BIRTH <small>MO / DAY / YEAR</small> |
|-----------|------------|----------------|---|

| | | | |
|--|------|-------|----------|
| MAILING ADDRESS (No foreign addresses, please) | CITY | STATE | ZIP CODE |
|--|------|-------|----------|

| | | |
|----------------|---------------|------------|
| E-MAIL ADDRESS | PHONE NUMBERS | WORK () - |
| | CELL () - | HOME () - |

| | | | |
|---|--|--|--|
| GENDER <small>Please circle one</small> M F | PREVIOUS PSIA-RM MEMBERSHIP # CERT LEVEL: | OTHER DIVISION MEMBERSHIP? Please call office. | FOREIGN CERTIFICATION **Must ATTACH copy of foreign certification.** |
|---|--|--|--|

All membership documents will be emailed unless you would like copies to be sent via the mail.

I WOULD LIKE A HARD COPY OF MEMBERSHIP DOCUMENTS TO BE MAILED TO ME

I CERTIFY THE ABOVE INFORMATION CORRECT TO THE BEST OF MY KNOWLEDGE:

Applicant Signature _____ Date _____

Parent/Legal Guardian Signature Required for Applicants Under the Age of 18: _____

School where employed, if applicable: _____

- ❖

 - The Association membership cycle runs from July 1 to June 30.
 - You are paying 2017/2018 membership dues with this application.
 - Your 2018/2019 dues notice will arrive in May, 2018.
 - Membership expires June 30, 2018 unless 2018/19 dues are submitted prior to 6/30/18.

❖

\$119.00 Check/Money Order enclosed

NON-REFUNDABLE Charge to my: Visa MasterCard (Credit authorization must be completed.)

Account # - - -

Exp Date _____ Cardholder Name (please print) _____

Cardholder Signature _____

Please complete the entire application to avoid processing delays.