

2011/2012 PSIA-ROCKY MOUNTAIN-AASI 2011/2012 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>
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MAILING ADDRESS (No foreign addresses, please)	CITY	STATE	ZIP CODE
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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.**
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Please indicate below the discipline for which you are registering.

ALPINE
 ADAPTIVE
 NORDIC
 SNOWBOARD (AASI)

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: _____	

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 - The Association dues cycle runs from July 1 to June 30.
 - You are paying 2011/2012 dues with this application.
 - Your 2012/2013 dues statement will arrive in May, 2012.
 - Membership expires June 30, 2012 unless 2012/13 dues are submitted prior to 6/30/12.

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\$100.00	Check/Money Order enclosed <input type="checkbox"/>	(Credit authorization must be completed.)
NON-REFUNDABLE	Charge to my: Visa <input type="checkbox"/>	MasterCard <input type="checkbox"/>
Account # _____	- - -	
Exp Date _____	Cardholder Name (please print) _____	
Cardholder Signature _____		

Please complete the entire application to avoid processing delays.