

2019/2020 PSIA-ROCKY MOUNTAIN-AASI REGISTERED INSTRUCTOR APPLICATION

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

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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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: _____

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 - The Association membership cycle runs from July 1 to June 30.
 - You are paying 2019/2020 membership dues with this application.
 - Your 2020/2021 dues notice will arrive in May, 2020.
 - Membership expires June 30, 2020 unless 2020/21 dues are submitted prior to 6/30/20.

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\$123.00 Check/Money Order enclosed (Credit authorization must be completed.)

NON-REFUNDABLE Charge to my: Visa MasterCard

Account # - - -

Exp Date _____ Cardholder Name (please print) _____

Cardholder Signature _____

Please complete the entire application to avoid processing delays.