

# 2022/2023 PSIA-ROCKY MOUNTAIN-AASI NONPROFIT 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.**

**Requirements and Benefits of Non-Profit Membership:**

- Member is working as a volunteer at a non-profit member school.
- School director **annually** verifies volunteer status for member.
- As long as member teaches as a volunteer at a non-profit school, is not certified and an annual verification is submitted, member is eligible to receive RM portion of membership at no cost. All members must pay the national portion of dues.
- Non-profit member will receive the RM quarterly newsletter and national benefits appropriate for Registered Instructor.
- Non-profit member may attend any clinic with "PSIA or PSIA-AASI membership" as the prerequisite and may attend a level 1 certification event. Once certified, the non-profit member will switch to full membership beginning the following season.

<b>LAST NAME</b>	<b>FIRST NAME</b>	<b>MIDDLE INITIAL</b>	<b>DATE OF BIRTH</b>  MO / DAY / YEAR
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<b>MAILING ADDRESS (No foreign addresses, please)</b>	<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>
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<b>E-MAIL ADDRESS</b>	<b>PHONE NUMBERS</b>  CELL: _____ HOME: _____
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<b>GENDER</b>	<b>PREVIOUS PSIA-RM MEMBERSHIP</b>  # _____ CERT LEVEL: _____	<b>OTHER DIVISION MEMBERSHIP?</b>  Please call office.	<b>FOREIGN CERTIFICATION</b>  **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 CARD TO BE MAILED TO ME

<b>I CERTIFY THE ABOVE INFORMATION CORRECT TO THE BEST OF MY KNOWLEDGE:</b>	
Applicant Signature _____	Date _____
Parent/Legal Guardian Signature Required for Applicants Under the Age of 18: _____	
Non-Profit School where applicant is a volunteer: _____	
Signature of school director: _____	

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  - **The Association membership cycle runs from July 1 to June 30.**
  - **You are paying 2022/2023 membership dues with this application.**
  - **Your 2023/2024 dues notice will arrive in May, 2023.**
  - **Membership expires June 30, 2023 unless 2023/24 dues are submitted prior to 6/30/23.**

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<b>\$69.00</b>	Check/Money Order enclosed <input type="checkbox"/>
NON-REFUNDABLE	Visa, MasterCard, Amex, Discover <input type="checkbox"/>
Card # _____	- - -
Exp Date: _____ CVV: _____ Zip Code: _____	Cardholder Name (please print) _____
Cardholder Signature _____	