

2020/2021 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>
-----------	------------	----------------	---

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

E-MAIL ADDRESS	PHONE NUMBERS CELL: _____ HOME: _____
----------------	--

GENDER <input type="radio"/> M <input type="radio"/> 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 CARD 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 2020/2021 membership dues with this application.
 - Your 2021/2022 dues notice will arrive in May, 2021.
 - Membership expires June 30, 2021 unless 2021/22 dues are submitted prior to 6/30/21.

❖

\$124.00	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 _____	

Please complete the entire application to avoid processing delays.