

2021/2022 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

| | | | |
|-----------|------------|----------------|---------------|
| LAST NAME | FIRST NAME | MIDDLE INITIAL | DATE OF BIRTH |
|-----------|------------|----------------|---------------|

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

| | | |
|----------------|--------------|----------------------|
| E-MAIL ADDRESS | PHONE NUMBER | PREFERRED DISCIPLINE |
|----------------|--------------|----------------------|

| | | | |
|--------|---------------------------------------|--|---|
| GENDER | PREVIOUS PSIA-RM MEMBERSHIP # & LEVEL | OTHER DIVISION MEMBERSHIP? <small>Please call office.</small> | Please attach foreign certification if any. |
|--------|---------------------------------------|--|---|

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 & status (full time, part time or peak part time): | |
| How did you hear about us? | |



- 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.



| | |
|--|---|
| \$125.00 | 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.