



APPLICATION for MEMBERSHIP

Date
(Please Print)

FULL NAME First Middle Last

WINTER ADDRESS Street City State Zip

PERMANENT MAILING ADDRESS Street City State Zip Summer address (if different)

TELEPHONE NUMBER () Home () Cell () Work

PRIOR CITIZENSHIP Name you want on your office records (nickname, etc.)

DATE OF BIRTH Age E-mail address

OTHER SKILLS OR EMPLOYMENT

Have you ever been a member of PSIA or AASI? Which Division?

Discipline: Alpine Nordic Snowboard Adaptive

MEMBERSHIP DUES ARE PAID ANNUALLY FROM JULY 1 TO JUNE 30

Membership fee: \$117.00 (Fee includes annual Division and National dues)
Please enclose a check or provide a credit card number with expiration date and mail or fax to the Division Office.

Check/Cash/Money Order Card Type: VISA MasterCard Discover AMEX

Card Number Expiration Date
PSIA-AASI Intermountain is authorized to bill my credit card with the above dues amount.

Signature

Signature of Applicant Signature of Snowsports School Director

Signature of Legal Guardian if applicant is under 18 years of age Snowsports School

PSIA-AASI Intermountain, 7105 So. Highland Drive #201, Salt Lake City, UT 84121
Phone (801) 942-2066 Fax (801)942-7837 www.psia-i.org admin@psia-i.org

Thank you for joining our organization. We look forward to developing a long term relationship in which we assist you in your Professional development as a snowsports instructor.