

# 2009/2010 PSIA-ROCKY MOUNTAIN-AASI 2009/2010 NON-PROFIT APPLICATION

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

*The address you designate below will be the address entered in your permanent record.  
Please notify office of address changes.*

**Please remember, incomplete forms will be returned to sender.**

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

- Member is working as a volunteer at a non-profit member school.
- Non-profit member will receive the RM quarterly newsletter and have access to the RM website.
- Non-profit member may attend any clinic with "PSIA or AASI/PSIA membership" as the prerequisite, may attend a level 1 certification event, but may not attain recognized certification until submitting a registered instructor application, paying National dues, meeting racing requirements, if any, and completing 25 hours of verified teaching.
- School director submits **annual** application for member.
- As long as member teaches as a volunteer at a non-profit school and an annual application is submitted, member is eligible to receive RM membership at no cost.

<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> WORK (    )    - CELL (    )    -    HOME (    )    -
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<b>GENDER</b> <small>Please circle one</small> M    F	<b>PREVIOUS PSIA-RM MEMBERSHIP</b> # <b>CERT LEVEL:</b>	<b>OTHER DIVISION MEMBERSHIP?</b>  Please call office.	<b>FOREIGN CERTIFICATION</b>  **Must ATTACH copy of foreign certification.**
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**Please indicate below the discipline for which you are registering. Mark  ONLY ONE discipline on each form.**

- ALPINE                       ADAPTIVE                       NORDIC                       SNOWBOARD (AASI)

<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: _____	
I was encouraged to join PSIA-RM-AASI by Current Member: _____ RM membership # _____	

- **The Association dues cycle runs from July 1 to June 30.**
  - **You are receiving a membership for 2009-10 by this application.**
  - **Membership must be updated by your director each year.**
  - **You will be required to pay appropriate yearly dues to the National association if you become certified.**