

2018/2019 PSIA-ROCKY MOUNTAIN-AASI 2018/2019 NON-PROFIT APPLICATION

**Mail or FAX to: PSIA-Rocky Mountain-AASI, 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.**

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 AASI/PSIA 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.

LAST NAME	FIRST NAME	MIDDLE INITIAL	DATE OF BIRTH <small>MO / DAY / YEAR</small>
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MAILING ADDRESS (No foreign addresses, please)	CITY	STATE	ZIP CODE
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E-MAIL ADDRESS	PHONE NUMBERS	WORK () -	
	CELL () -	HOME () -	

GENDER <small>Please circle one</small> M F	PREVIOUS PSIA/AASI MEMBERSHIP # CERT LEVEL:	OTHER DIVISION MEMBERSHIP? Please call office.	FOREIGN CERTIFICATION **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 DOCUMENTS 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: _____

Non-Profit School where applicant is a volunteer: _____

Signature of school director: _____

- **The Association dues cycle runs from July 1 to June 30.**
 - **You are paying 2018-19 dues with this application.**
 - **Volunteer status must be updated by your director each year.**
 - **If certified you will be required to pay both RM & National dues.**

\$69.00	Check/Money Order enclosed <input type="checkbox"/>	<small>(Credit authorization must be completed.)</small>
NON-REFUNDABLE	Charge to my: Visa <input type="checkbox"/>	MasterCard <input type="checkbox"/>
Account # _____	- - -	
Exp Date _____	Cardholder Name (please print) _____	
Cardholder Signature _____		