



Snowsports Instructor Membership Application

Member Information

First Name		Last Name		MI
Email Address			Date of Birth	
Mailing Address (for membership card, newsletter, etc)		City	State	Zip
Primary Contact Tel # <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell		Alternate Contact Tel # <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell		
Where did you take your Level I Exam?		When did you take your Level I exam (MM/DD/YYYY)?		
<input type="checkbox"/> Alpine <input type="checkbox"/> Snowboard <input type="checkbox"/> Telemark <input type="checkbox"/> Track <input type="checkbox"/> Adaptive				
Indicate All Disciplines of Registration		Your Snowsports School		

Membership Number - OFFICE TO COMPLETE

MEMBER NUMBER - office will complete	CLASS / LEVEL - office will complete
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Director's Approval

Trainer's Approval

I attest that this snowsports instructor has met the requirements for the membership level for which they are applying.

Trainer's Name

Trainer's phone or email address

X

Trainer's Signature

Membership Dues

NW & National Dues Combined Annual Dues \$117 (USD)

This application will join you as a member of PSIA-NW (the NW Division - \$50) and PSIA/AASI National (\$67). Enclose your registered written test with your application and payment.

TAX NOTICE: For federal income tax purposes, contributions or gifts to PSIA-NW are not deductible as charitable contributions, however, dues are deductible as an ordinary and necessary business expense.

PSIA-NW is a 501(c) (6) organization. Contributions to PNSIA-EF, however, are deductible as charitable contributions for federal income tax purposes. PNSIA-EF is a 501(c)(3) organization.

Submission Information

Send Application, Written Test & Dues to:

PROFESSIONAL SNOWSPORTS INSTRUCTORS OF AMERICA - NW

338 N. Wenatchee Ave.
Wenatchee, WA 98801

FAX CREDIT CARD PAYMENT TO:
206.241.2885

QUESTIONS? CALL OR EMAIL:
206.244.8541
info@psia-nw.org

Credit Card Payments

CREDIT CARD NUMBER (PLEASE PRINT CLEARLY)	3 or 4 Digit CVC Code	EXP. DATE (MM/YY)	X YOUR SIGNATURE
CREDIT CARD TYPE <input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> AMEX <input type="checkbox"/> DIS			