



NORTHERN ROCKY MOUNTAIN

P.O. Box 11392, Bozeman, MT 59719 • www.psia-nrm.org
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MEMBERSHIP APPLICATION

As a Registered Member of PSIA-AASI NRM, you will become a member of the American Snowsports Education Association (ASEA), the largest organization of professional snowsports instructors in America. PSIA and AASI operate under the umbrella of ASEA. You will receive welcome information via e-mail and mail, including an introduction to the association, an explanation of your benefits as a member, and you will have immediate access to the national website www.thesnowpros.org and the division website www.psia-nrm.org.

ALL NEW MEMBERS MUST READ AND SIGN THE FOLLOWING:

As a new member of PSIA-AASI National and NRM Division, I agree to be bound by all PSIA-AASI NRM bylaws, policies and educational requirements. Continuing education updates (two days of clinic) are required every 2 seasons for most Certified Members. I am aware that the "membership year" runs from July 1, 2011-June 30, 2012 (or June 30, 2013 if joining on or after February 15, 2012) and that dues are non-refundable.

Applicant's Signature _____ Date _____

Fill out ALL sections of this form and return it, along with payment, to NRM office.

NOTE: This application must be received prior to registering for a PSIA-AASI NRM Level 1 certification event.

Full Name: _____
First Middle Last

Winter Mailing Address:

Street City State Zip

Permanent Mailing Address:

Street City State Zip
Preferred Contact Number: (____) _____ (____) _____ (____) _____
Home Cell Work

Date of Birth (month/day/year): _____ E-mail address: _____

Snowsport School affiliation: _____

Have you been a member of PSIA/AASI in the past: Yes No Which Division: _____

Discipline: Alpine Nordic Snowboard Adaptive Freestyle

Annual Membership: \$90 (fee includes \$40 NRM division dues plus \$50 PSIA-AASI National dues)

Membership dues cycle: July 1 to June 30

Membership dues for the current billing cycle are due with the submission of this application. To maintain membership, dues need to be paid annually on or before the June 30 membership renewal date.

Check Cash Visa/MC American Express

Credit Card Number: _____ Expiration Date: _____

Name on card: _____ Zip Code: _____ CV Code: _____
of mailing address on credit card statement

PSIA-AASI NRM is authorized to bill my credit card the above dues amount.

Signature: _____

