2011-2012 PSIA-E/AASI - NEW MEMBER APPLICATION

Mail or fax to: PSIA-E/AASI, 1-A Lincoln Ave, Albany, NY 12205-4907

Fax# (518) 452-6099

Call (518) 452-6095 for information only. No applications accepted via phone.

Rev. 10/18/2011 W

As a Registered Member of PSIA-E/AASI, 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-e.org**.

ALL NEW MEMBERS MUST READ AND SIGN THE FOLLOWING:

As a new member of PSIA/AASI National and Eastern Division, I agree to be bound by all PSIA-E/AASI 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.**

☐ *If a full-time student, **age 16-23**, I may pay the discounted dues of $86.00 and verify that status with this signature.*

Applicant's Signature _____ **Date** _____

Member Sponsor _____ **Sponsor Member #:**_____

(Note: If a current member of PSIA-E/AASI personally influenced your decision to join, clearly print their name and member # above)

Please print clearly and fill out ALL sections. This application must include payment and must be received before or at the same time as registering for a PSIA-E/AASI event to ensure the member event price.

Please check all that apply - areas of interest:

☐ **Alpine** ☐ **Snowboard** ☐ **Adaptive** ☐ **Telemark** ☐ **Cross Country** ☐ **Children's** ☐ **Racing** ☐ **Adapt. Snowboard**

The Eastern Division of PSIA & AASI is divided into seven geographic regions (listed below). As a new member, you may choose to be affiliated with one region – the one in which you work as a snowsports instructor or the one in which you live. This affiliation is for regional mailing and voting purposes. You should affiliate with the region in which you are most active as a snowsports instructor. Please check the appropriate region below. **If you do not choose, the region in which you live will be assigned** as your designated regional affiliation by PSIA-E Bylaws, Section 10.8. You must then notify the division office in writing, should you choose to change your affiliation to the region in which you work.

☐ **1** – ME, NH ☐ **2** – VT ☐ **3** – MA, CT, RI ☐ **4** – PA, NJ

☐ **5** – Western NY ☐ **6** – Eastern NY ☐ **7** – DE, MD, VA, WV, NC, SC, GA, FL, DC

YOUR DATE OF BIRTH: _____/_____/_____

Male / Female **Circle one**

NAME: _____
Last First Middle Initial Nickname (for your name tag, if different)

MAILING ADDRESS: _____
Street/Box City State Zip

HOME PHONE: (_____**)**_____ **WORK PHONE: (**_____**)**_____

E-MAIL: _____ **CELL PHONE: (**_____**)**_____

SNOWSPORTS SCHOOL NAME: _____

☐ **TOTAL** NATIONAL & DIVISION DUES AMOUNT INCLUDED: **$ 116.00**

☐ **TOTAL STUDENT** NATIONAL & DIVISION DUES AMOUNT INCLUDED: **$ 86.00**

PAYING BY: ☐ CHECK #: _____ **OR** charge: MasterCard ☐ *or* Visa ☐

__ __ __ __ - __ __ __ __ - __ __ __ __ - __ __ __ __

Exp. Date: _____ **Signed** _____

OFFICE USE ONLY

Date Proc. _____ Initials _____

Ck/CC Num _____

Batch Num _____

Mem Num _____

APPLYING AS A NEW MEMBER, YOUR SNOWSPORTS SCHOOL DIRECTOR MUST COMPLETE THE FOLLOWING:

As **Director**, I attest to the following: This applicant is a member of my current staff. The candidate has received training and preparation, as addressed in the American Teaching System. As a candidate for Registered member status, the applicant has completed the PSIA/AASI entry level requirements, including 25 hours of teaching/training.

☐ *If applying as a full-time student age 16-23, I attest to his/her student status.*

Director's Signature _____ **Name of School** _____