



NSP MEMBERSHIP REGISTRATION FORM

NATIONAL SKI PATROL
133 S. Van Gordon Street
Suite 100
Lakewood, Colorado 80228
http://www.nsp.org

IMPORTANT PROVIDE SOC. SEC. NO.

DATE SUBMITTED

MONTH — DAY — YEAR

SHADED AREAS FOR OFFICE USE ONLY

SEND SEPARATE NOTICE FOR ADDRESS CHANGE TO THE NATIONAL OFFICE

OFFICE USE ONLY	<input type="checkbox"/> NEW MEMBER JOINING	DIVISION Eastern	PATROL NUMBER			
	<input type="checkbox"/> TRANSFER	FROM DIVISION	PATROL NUMBER	MEMBERSHIP NUMBER	TO DIVISION Eastern	PATROL NUMBER E- MEMBERSHIP NUMBER
	<input type="checkbox"/> RE-REGISTERING NSP PATROLLER	DIVISION Eastern	PATROL NUMBER		MEMBERSHIP NUMBER	
	<input type="checkbox"/> MEMBER INFORMATION UPDATE (PLEASE FILL IN NAME AND INFORMATION THAT NEEDS TO BE CHANGED)	DIVISION	PATROL NUMBER	MEMBERSHIP NUMBER		

*** Please Use your complete legal name including Middle Name and Suffix (Jr. III, ect)

PERSONAL DATA

1	FIRST NAME & Middle Name	LAST NAME	SUFFIX	2	PHONE - HOME ()
3	MAILING ADDRESS			4	PHONE - WORK - Day Contact # ()
5	CITY	6 STATE	7 ZIP CODE + 4	8	E-mail Address Please Use Space Below
9	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	10 DATE OF BIRTH MONTH — DAY — YEAR	11 STATUS <input type="checkbox"/> ACTIVE <input type="checkbox"/> INACTIVE		

REGISTRATION DATA

12	PATROLLER TYPE CHECK ONLY ONE <input type="checkbox"/> ALPINE <input type="checkbox"/> NORDIC <input type="checkbox"/> AUXILIARY	13	COMPENSATION <input type="checkbox"/> VOLUNTEER <input type="checkbox"/> PAID	14	<input type="checkbox"/> MEDICAL ASSOCIATE
15	CLASSIFICATION CHECK ONLY ONE <input type="checkbox"/> CANDIDATE <input type="checkbox"/> PATROLLER <input type="checkbox"/> SENIOR <input type="checkbox"/> CERTIFIED # _____			YEAR ATTAINED 19____	

SECONDARY SKI PATROL AFFILIATION DATA

USED FOR SECONDARY NORDIC/ALPINE/AUXILIARY

16	DIVISION	17	PATROL NUMBER	18	PATROL NAME	19	MEMBERSHIP NUMBER	20	SECONDARY PATROL DIRECTOR'S INITIALS
21	PATROLLER TYPE CHECK ONLY ONE <input type="checkbox"/> ALPINE <input type="checkbox"/> NORDIC <input type="checkbox"/> AUXILIARY			22	COMPENSATION <input type="checkbox"/> VOLUNTEER <input type="checkbox"/> PAID		23	<input type="checkbox"/> MEDICAL ASSOCIATE	
24	CLASSIFICATION CHECK ONLY ONE <input type="checkbox"/> CANDIDATE <input type="checkbox"/> PATROLLER <input type="checkbox"/> SENIOR <input type="checkbox"/> CERTIFIED # _____			YEAR ATTAINED 19____					

NOTES: PRINT CLEARLY

What Is your cell phone number? _____

What is your email address? _____