



NSP MEMBERSHIP REGISTRATION FORM

NATIONAL SKI PATROL

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

DATE SUBMITTED

MONTH DAY YEAR

SHADED AREAS FOR OFFICE USE ONLY

SEND SEPARATE NOTICE FOR ADDRESS CHANGE TO THE NATIONAL OFFICE

OFFICE USE ONLY

NEW MEMBER JOINING

DIVISION

PATROL NUMBER

TRANSFER

FROM

DIVISION

PATROL NUMBER

MEMBERSHIP NUMBER

TO

DIVISION

RE-REGISTERING NSP PATROLLER

DIVISION

PATROL NUMBER

PATROL NUMBER

MEMBERSHIP NUMBER

MEMBERSHIP NUMBER

MEMBER INFORMATION UPDATE

(PLEASE FILL IN NAME AND INFORMATION THAT NEEDS TO BE CHANGED)

DIVISION

PATROL NUMBER

MEMBERSHIP NUMBER

PERSONAL DATA

| | | | | | | | |
|---|--|-----------|---------------------------------|----|---|---------------------|----------------|
| 1 | FIRST NAME | LAST NAME | SUFFIX | 2 | PHONE - HOME () | | |
| 3 | MAILING ADDRESS | | | | 4 | PHONE - WORK () | |
| 5 | CITY | 6 | STATE | 7 | ZIP CODE + 4 | 8 | E-mail Address |
| 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 <i>CHECK ONLY ONE</i> <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 <i>CHECK ONLY ONE</i> <input type="checkbox"/> CANDIDATE <input type="checkbox"/> PATROLLER | <input type="checkbox"/> SENIOR | <input type="checkbox"/> CERTIFIED # | YEAR ATTAINED | |

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 <i>CHECK ONLY ONE</i> <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 <i>CHECK ONLY ONE</i> <input type="checkbox"/> CANDIDATE <input type="checkbox"/> PATROLLER | <input type="checkbox"/> SENIOR | <input type="checkbox"/> CERTIFIED # | YEAR ATTAINED | | | | | |

CELL PHONE ()

NOTES: