

PROFESSIONAL SKI PATROL ASSOCIATION MEMBERSHIP APPLICATION

(Please type or print legibly)

Name		Date of Birth	:	
Address		Phone		
City	State	Zip code		
E-Mail Address				
Your current ski patrol activity	/ :			
a. Name of ski area where	you work			
b. Job title				
c. Name of your Patrol Dire				
d. Full time paid (at least 4	0 hours per w	reek)	yes	
Part time paid (less thar	ı 40 hours per	week)	yes	
(subject to Federal	Withholding a	nd FICA Tax)		
e. Volunteer: yes	no			
2. Your past/other ski patrol exp	erience:			
Ski area Job Title		Dates Employed		Patrol Director



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3.	When did you attend a PSPA Certified Clinic?				
	Where?	?			
4.	Name of area hosting the exam:				
5.	Have yo	Have you ever taken any part of the PSPA Exam before: yes no			
	If yes,	When?	Where?		
		When?	Where?		
6.	Enclose:				

- Copies of your current First Aid and CPR certification cards (front & back)
- Letter of recommendation from your Ski Area Manager, Patrol Director or delegate
- Letters of recommendation from two PSPA members
- Payment of exam fees; \$50 (\$25 for each exam day) Contact a member of the Board of Directors (http://www.pspa.org) if you need assistance obtaining the letters of recommendation.

Fees are payable to "Professional Ski Patrol Association." A \$10 late fee is due when the application is not post marked at least two weeks before the date of the exam.

Mail to:

Marc Abend, Secretary 13 Carriage House Path Ashland, MA, 01721

E-mail questions to:

secretary@pspa.org