



PROFESSIONAL SKI PATROL  
ASSOCIATION  
MEMBERSHIP APPLICATION

**PSPA MEMBERSHIP APPLICATION**

*(Please type or print legibly)*

Note: You must use Acrobat Reader 8 or later to save your data in this form.

Name \_\_\_\_\_ Are you over 18? yes \_\_\_\_\_ no \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

E-Mail Address \_\_\_\_\_

1. Your current ski patrol activity:

a. Name and address of ski area where you work \_\_\_\_\_  
\_\_\_\_\_

b. Job title \_\_\_\_\_

c. Name of your Patrol Director \_\_\_\_\_

d. Full time paid (at least 40 hours per week)    yes \_\_\_\_\_    no \_\_\_\_\_

Part time paid (less than 40 hours per week)    yes \_\_\_\_\_    no \_\_\_\_\_  
(subject to Federal Withholding and FICA Tax)

e. Volunteer:    yes \_\_\_\_\_    no \_\_\_\_\_

2. Your current membership status in other ski patrol associations:

a. National Ski Patrol System -

Registration Number \_\_\_\_\_

Patroller classification \_\_\_\_\_

Committee positions \_\_\_\_\_

b. Other organizations (please include any current position of responsibility which you hold):

3. Your past experience in ski patrolling:

Ski area	Job Title	Dates Employed	Patrol Director
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## PSPA MEMBERSHIP APPLICATION

4. Other information concerning your personal qualifications for membership in the Professional Ski Patrol Association: such as your involvement in training and testing either within your local patrol or with the organization you have listed above.

5. Outside interests:

6. When did you attend a PSPA Certified Clinic? \_\_\_\_\_  
Where? \_\_\_\_\_

7. Name of area hosting the exam: \_\_\_\_\_

8. Have you ever taken any part of the PSPA Exams before: yes \_\_\_\_\_ no \_\_\_\_\_  
If yes, when? \_\_\_\_\_ Where? \_\_\_\_\_

9. Enclose:

- Copies of your current First Aid and CPR certification cards (front & back)
- Letter of recommendation from your Patrol Director.
- 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:

David F. Hill, Secretary  
2 Salt Meadow  
Hampton, NH 03842