



**NSP ASSOCIATE  
REGISTRATION / RENEWAL FORM**

133 South Van Gordon Street, Ste. 100  
Lakewood, Colorado 80228  
(Phone) 303.988.1111 ♦ (Fax) 303.988.3005

DATE SUBMITTED		
/	/	
MONTH	DAY	YEAR

PERSONAL DATA		
FIRST NAME	LAST NAME	PHONE - WORK ( ) -
MAILING ADDRESS		PHONE - HOME ( ) -
CITY	STATE	ZIP CODE + 4
EMAIL	\$60.00 FORM OF PAYMENT U.S. <input type="checkbox"/> CHECK (US \$ only) <input type="checkbox"/> CREDIT CARD NUMBER CREDIT CARD NUMBER _____ <input type="checkbox"/> MC <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX Expiration Date    /    /                      CSV code _____	
Member ID Number (for renewals)	SIGNATURE	

**SURVEY INTERVIEW (To be completed by all associate applicants)**

- How did you hear about the National Ski Patrol?  
 from a friend                       from an NSP member     at a ski area                       at a ski show  
 through another organization     through the media             online ([www.nsp.org](http://www.nsp.org))     Other
- What is your primary reason for becoming an Associate?  
 Interested in becoming a patroller                       teach an NSP education course                       Other  
 Take NSP education courses                       receive *Ski Patrol Magazine*  
 Order from *NSP Winter Catalog*                       personal fulfillment
- If interested in taking an NSP education course, which one(s)?  
 Outdoor Emergency Care                       Outdoor First Care                       Other  
 Mountaineering                       Avalanche
- Are you affiliated with any other outdoor recreation or rescue organization?                       Yes     No  
 If the answer is Yes, which one(s)?  
 an outing club                       emergency care provider                       search & rescue                       rafting  
 scouting                       wilderness group                       mountain biking                       Other

Why?

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**DISCLAIMER**

I understand this registration does not accord me all the rights, privileges, or responsibilities of an NSP member.

SIGNATURE OF APPLICANT	DATE: / /
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