

# APPLICATION FOR MEMBERSHIP

ALPINE MEADOWS NATIONAL SKI PATROL



www.amnsp.org



DATE: \_\_\_\_\_

Ski Check Date: \_\_\_\_\_

Ski Check Score: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
(area code)

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

Mailing Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security# \_\_\_\_\_  
female/male month/day/year (necessary to complete registration with National)

## OEC / EMT / CPR courses completed

	Certificate Number Course Completion Date	Expiration Date
Outdoor Emergency Care (OEC)	_____	_____
CPR (Type & Level —ARC or AHA)	_____	_____
Professional	_____	_____
Community	_____	_____
EMT level	_____	_____

Number of Skiing Seasons: \_\_\_\_\_ Years skiing at Alpine Meadows: \_\_\_\_\_

Why do you want to become a member of the Alpine Meadows National Ski Patrol?

Where did you hear about the Alpine Meadows Patrol?

# APPLICATION FOR MEMBERSHIP