

APPLICATION FOR MEMBERSHIP — TRANSFER PATROLLER

DATE: _____

ALPINE MEADOWS NATIONAL SKI PATROL



www.amnsp.org



Ski Check Date: _____

Ski Check Score: _____

Ski Check By: _____

First Name: _____ Last Name: _____

E-Mail Address: _____ Home Phone: _____
(area code)

Mailing Address: _____ Work Phone: _____
(area code)

City: _____ State: _____ Zip: _____

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

Present Patrol: _____ Director: _____
(name and number) (name and phone number)

Required Attachments:

- A letter of recommendation from your present Patrol Director
- Resume of your past patrol activities.
- Copies of the following cards: List card number and/or course completion date Expiration Date

NSP Patrol Card	_____	_____
Outdoor Emergency Care (OEC)	_____	_____
CPR (Type —ARC or AHA)	_____	_____
- Copies of other instructor cards (if applicable)

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

Where did you hear about the Alpine Meadows Patrol?

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