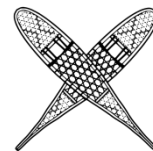




El Dorado Nordic Ski Patrol

MEMBERSHIP APPLICATION



Post Office Box 2457
Placerville, CA 95667

Website: www.EDNSP.org

E-mail: info@ednsp.org

membership@ednsp.org

Date of Application: _____

1. Name*: _____ Birth Date: _____ Gender: M / F (Circle one)

2. Mailing Address*: _____

(Street)

(City)

(State)

(Zip Code)

3. E-mail Address*: _____ Home Phone*: _____

4. Work Phone*: _____ Cell Phone*: _____ Other*: _____

5. Occupation: _____ Employer: _____ Location: _____

6. Why do you want to join the El Dorado Nordic Ski Patrol? Use the backside of the application:

7. Membership Type: 1. Candidate Patroller (Ski or Snowshoe) 2. Supporting Member

8. Years of experience in: Nordic Backcountry: _____ Alpine Touring: _____ Telemark: _____

Alpine Resort: _____ Snowshoe: _____ Snowboard: _____ Other: _____

9. Related activities(ski or snowshoe instructor, mountaineering, other ski patrol, search and rescue team, outdoor education, backpacking, etc.): _____

10. Medical qualifications (Indicate type and expiration date):CPR / AED / BVM: (Circle all that apply) _____

Wilderness First Aid: _____ EMS First Responder: _____

EMT Basic: _____ EMT Paramedic: _____

Other (Medic, LVN, RN, NP, PA, ER Nurse or Medical Doctor, etc.): _____

11. Avalanche training (Indicate course, dates, and certification received): _____

12. Other training or experience that might be helpful to EDNSP (Navigation, publicity, advertising, etc.): _____

13. Relevant medical conditions : _____

14. EDNSP member that you know or have skied or snowshoed with: _____

* Unless the applicant requests otherwise, these items will be posted on the membership roster if this application is approved.

I hereby apply for membership in the El Dorado Nordic Ski Patrol.

Signature of applicant (parent or legal guardian if under 18): _____ Date: _____

For BOD use only

Application received (date): _____ Information reviewed and complete: _____

Further information and/or action needed: _____

Membership is: 1. Approved 2. Denied (date): _____ 1. Candidate 2. Supporting Member: _____