

INSTRUCTOR'S UPGRADE CLINIC APPLICATION

I. PERSONAL INFORMATION:

Last Name _____ First Name _____ MI _____

Address: _____

City _____ State | Zip Code _____ E-mail: _____

Telephone: Residence/Cell: () _____ Business: () _____

(Instructor Membership Must Be Current)

ASA ID Instructor #: _____ Expiration Date: _____

Check the levels registering for: ____ 203/205 ____ 204 ____ 206 ____ 207 ____ 208
 ____ 211 ____ 213 ____ 214 ____ 217 ____ 218
 ____ 220

I understand fully that by signing this agreement I have studied and prepared for the intense requirements to become an Certified ASA Instructor. I agree to the Terms and Conditions and the ASA Code of Ethics to the best of my ability.

I understand that once I am an ASA Certified Instructor I will need to certify students through an ASA Affiliate School.

Name: _____

Date: _____