

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 ___ 204 ___ 205 ___ 206 ___ 207
 ___ 208 ___ 211 ___ 213 ___ 214 ___ 217
 ___ 218 ___ 219 ___ 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: _____