



NATIONAL SKI PATROL NSP AFFILIATE APPLICATION

Organizations interested in becoming an NSP affiliate must complete the following steps:

1. Contact the division director in the geographic location of your organization. If you are located outside of the U.S., contact the division director in the geographic region closest to you. Contact information is available on the NSP website under About Us → Who's Who → Divisions and Patrols.
2. Explain to the division director your interest in becoming an affiliate organization, including
 - which NSP course(s) you are interested in offering,
 - the number of NSP certified instructors who are part of your organization, if any,
 - the number of courses per year you anticipate offering,
 - the number of students per year you anticipate serving,
 - your classroom/training location(s).
3. Complete the information on page 2 of this document and obtain the division director signature on the form.
4. Submit page 2 of this document to education@nsp.org.

The affiliate organization will agree to the following:

- Payment of the annual affiliate organization fee on a timely basis. As of July 2018, the annual fee is \$400. Affiliates will be invoiced starting in July, and fees will apply to the following calendar year (with the exception of 2018, where fees paid between July and December 2018 also will apply to those months in 2018). The national board of directors may modify this fee at any time. No refunds will be offered.
- Compliance with all applicable sections of the NSP Policies and Procedures.
- Compliance with all divisional policies and procedures.
- Registration of the primary organizational contact and all instructors as NSP associate members.
- Registration of all course participants as associate members and placement of them on the divisional associate unit roster.
- Protect the integrity of all courses offered by delivering them according to the prescribed curriculum.
- Support and protect the NSP-owned copyright for all course materials.



AFFILIATE ORGANIZATION INFORMATION:

Organization name _____

Business address _____

Primary contact _____

Primary contact phone _____

Primary contact email address _____

Primary contact signature

date

NSP division _____

Division director _____

Division director signature*

date

*By signing above, the division director acknowledges review of step #2 from page 1 and supports this affiliate candidate.