

# 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 \_\_\_ 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: \_\_\_\_\_