



Application for Professional Membership

Instructors, administrators or business partners who would like to join SkillsUSA as a Professional member and pay by MasterCard, VISA, American Express, purchase order or check can affiliate by using this registration form. This professional membership application is for individuals not joining SkillsUSA on a classroom or institutional membership roster. The membership year runs Sept. 1–Aug. 31 for students, and one year from the date of joining for Professionals.

FORM 26
**Name
and
Address**
1. Please provide your name, school address and contact information.

Name: _____

School Name: _____

School Address: _____

City, State, ZIP Code: _____

E-mail Address: _____

Phone: _____

Category
Select your
membership
category
2. Check one (your state portion of dues will go to this division):

- Professional — High School division
 Professional — College/Postsecondary division

Fees
3. Calculate your professional fees. A list of state fees is located on our Web site at www.skillsusa.org/join/statedues.shtml.

NATIONAL DUES	+	STATE DUES	=	TOTAL
\$		\$		\$

Payment
4. Select a payment option

- Check one: Check enclosed School purchase order attached
 Credit Card (MasterCard, VISA or American Express)

Credit card number: _____

Name on credit card: _____

Exp. date: _____

Mail to:

SkillsUSA Membership Department
 14001 SkillsUSA Way
 Leesburg, VA 20176-5494

- Use this form for individual professional memberships
- For multiple memberships, attach a printed list of names and addresses
- Your national membership fees include a one-year subscription to *SkillsUSA Champions* magazine (four issues)
- For membership questions, call 800-355-8422
- The national headquarters will process membership, begin services and forward state fees to your state office
- A professional member card will be mailed to you within a few weeks of joining