



Application for Professional Membership

Instructors, administrators or business partners who would like to join SkillsUSA as a Professional member and pay by MasterCard, VISA, 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 September 1-August 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 or VISA)

Credit card number: _____

Name on credit card: _____

Exp. date: _____

Mail to:

SkillsUSA Membership Department

P.O. Box 100491

Atlanta, GA 30384-0491

- 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 office 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