



Membership Application

Our Mission: *"To help promote SkillsUSA in terms of time, talent and financial resources at all levels — the local, district, state and national."*

For those who would like to continue being involved with SkillsUSA, join the SkillsUSA Alumni and Friends Association and be a part of the grassroots network. Fill out this form and send it along with your check, payable to the Youth Development Foundation of SkillsUSA, Inc., to SkillsUSA at the address below.

Name _____

Home Address _____

City _____ State _____ ZIP _____

E-mail address: _____

Home Telephone Number (_____) _____

Work Telephone Number (_____) _____

Occupational Area While in SkillsUSA _____ from _____ to _____
Month/year Month/year

SkillsUSA Offices Held or Other SkillsUSA Honors _____

Current Occupation and Employer _____

Please check the type of membership you are applying for:

Regular Member: \$10 (Active or Associate) plus \$_____ for state dues

Lifetime Member: \$150 (One-time Payment)

Donation only: \$_____ enclosed. (I do not wish to join at this time, but would like to make a contribution to the Alumni Fund.)

Please mail this form and your check to:

ALUMNI FUND
Youth Development Foundation of SkillsUSA, Inc.
P.O. Box 3000, Leesburg, VA 20177
Telephone: (703) 737-0624

Thanks for your support!

All dues and contributions are earmarked for the Alumni Fund in SkillsUSA's Youth Development Foundation. The expenditures of these funds are authorized by the Alumni Coordinating Committee and approved by the Board of Directors of SkillsUSA, Inc.

Accounting Use Only	
Date received:	_____
Check No.:	_____
Check amount:	_____
Lifetime#:	_____