5/05

SkillsUSA®

FORM 10

SkillsUSA Membership Roster

Photocopy this form before you begin, in case you want to add additonal members later.

Check instructions for your state deadline.

NATIONAL COPY STATE COPY

Arrival Date:

Name and Address 1a

FOR TRAINING AREA - SEE INSTRUCTIONS FOR LIST

- Y TRAINING AREA
- Y ADVISOR NAME
- Y SCHOOL NAME
- Y SCHOOL ADDRESS
- Y CITY, STATE, ZIP CODE

b Phone: ( ) Ext:

c State SkillsUSA School District:

d Chapter No.:
(If applicable in your state.)

e E-mail Address

f Fax Number: ( )

Chapter Report

If **100%,** the totals for 2b & 2c should equal enrollment on Item 2a and total on Item 4a.

2a How many students are enrolled in your class? ____
If 100% of the class is joining SkillsUSA, check box ❑

d ❑ Check box if your class is in a Tech Prep program

b How many of the SkillsUSA members are:

Black/African-American	____	____	Asian/Pacific Islander
White/Caucasian	____	____	Hispanic/Latino
Native American	____	____	Multicultural

c How many: Male ____ ____ Female

All states are requesting for you to join online at www.skillsusa-register.org

Apply for your SkillsUSA login and password today. Instructions are available on the web site. Please print and read them. If you join online, print out your roster report (2 copies), and send one with your check to the address below or pay by VISA or MasterCard online.

If joining on this form, list all student and professional members on the reverse side.

Dues Report

See current instructions for a list of state dues and state deadlines.

3	a	b	c (a x b)	d (fill in if blank)	e (a x d)	f (c + e)
	No. of Members	National Dues Rate	National Dues Paid	State Dues Rate	State Dues Paid	Total Dues
STUDENT						
High School		$ 8.00	$	$	$	$
College/PS		$ 8.00	$	$	$	$
PROFESSIONAL						
High School		$ 14.00	$	$	$	$
College/PS		$ 14.00	$	$	$	$
			$			$
	Total Members		Total National Dues		Total State Dues	TOTAL DUES PAYMENT

Dues include $1.30 for one-year subscription to SkillsUSA CHAMPIONS magazine.

Mailing Instructions: Make two copies. (One copy is for the national office and the other for the state office)
Send two copies with your PO, money order or check payable to SkillsUSA. PAYMENT MUST ACCOMPANY MEMBERSHIP
Mail to: SkillsUSA, Membership Dept., P.O. Box 3000, Leesburg, VA 20177-0300
UPS or overnight mail: SkillsUSA, Membership Dept., 14001 James Monroe Hwy., Leesburg, VA 20176
For additional forms or instructions call 800-355-8422. Download a form from www.skillsusa.org

LIST STUDENT MEMBERS AND NEW PROFESSIONAL MEMBERS ON OTHER SIDE

SkillsUSA Membership Roster

First, use the instructions to see if your state requires home addresses.

Second, type your students names in alphabetical order (with addresses if required).

Check **HS** for high school or **C/PS** for college/ps.

If you run out of space, use an additional sheet. Submit two copies of each sheet and retain one for your records.

Student membership must be sent to the National Office, postmarked by **March 1,** for students to be eligible as contestants, delegates or candidates at the National Leadership and Skills Conference.

4a Student Members *Drops and substitutions are not allowed.*

You may submit a typed list or computer printout; submit two copies of each sheet. Number of members should equal totals for items 2b and 2c on the front side of this sheet.

NAME	HOME ADDRESS (include city, state and ZIP code)	HS	C/PS
1.			
2.			
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35.			

Type **Professional** members and enclose dues for each person.

Check **HS** for high school or **C/PS** for college/ps. Include the address only if different from the school address on the front side of this sheet.

4b Professional Members

HS	C/PS	NAME	ADDRESS, IF OTHER THAN SCHOOL (include city, state and ZIP code)

CALCULATE DUES ON PREVIOUS PAGE. SEND TWO COMPLETE SETS OF COPIES TO THE NATIONAL OFFICE.