Student Member Information Form

Use this optional form to collect student members' names and information.
Enter the collected information on the SkillsUSA membership website: http://www.skillsusa-register.org/Login.aspx

ETHNICITY CODES INCLUDE:
Black/African American; Hispanic/Latino/Spanish; White/Caucasian; Asian; American Indian/Alaskan; Multicultural; Native Hawaiian; Other

NAME:		DATE OF BIRTH:		ENROLLED HS/PS:	
ADDRESS:		GENDER M/F:		EMAIL ADDRESS:	
CITY:		GRAD DATE:		CELL PHONE #:	
ZIP:		ETHNICITY:		T-SHIRT SIZE:	

NAME:		DATE OF BIRTH:		ENROLLED HS/PS:	
ADDRESS:		GENDER M/F:		EMAIL ADDRESS:	
CITY:		GRAD DATE:		CELL PHONE #:	
ZIP:		ETHNICITY:		T-SHIRT SIZE:	

NAME:		DATE OF BIRTH:		ENROLLED HS/PS:	
ADDRESS:		GENDER M/F:		EMAIL ADDRESS:	
CITY:		GRAD DATE:		CELL PHONE #:	
ZIP:		ETHNICITY:		T-SHIRT SIZE:	

NAME:		DATE OF BIRTH:		ENROLLED HS/PS:	
ADDRESS:		GENDER M/F:		EMAIL ADDRESS:	
CITY:		GRAD DATE:		CELL PHONE #:	
ZIP:		ETHNICITY:		T-SHIRT SIZE:	

NAME:		DATE OF BIRTH:		ENROLLED HS/PS:	
ADDRESS:		GENDER M/F:		EMAIL ADDRESS:	
CITY:		GRAD DATE:		CELL PHONE #:	
ZIP:		ETHNICITY:		T-SHIRT SIZE:	

Questions: Kelli Byrne, kbyrne@ksde.org, 785-296-3784 or the SkillsUSA Membership Hotline (844) 875-4557

Professional Member Information Form

Use this optional form to collect student members' names and information.
Enter the collected information on the SkillsUSA membership website: http://www.skillsusa-register.org/Login.aspx

ETHNICITY CODES INCLUDE:
Black/African American; Hispanic/Latino/Spanish; White/Caucasian; Asian; American Indian/Alaskan; Multicultural; Native Hawaiian; Other

NAME:		INSTITUTION HS/PS		EMAIL ADDRESS:	
ADDRESS:		PROGRAM		CELL PHONE #:	
CITY:		GENDER M/F:		WORK PHONE #:	
ZIP:		ETHNICITY:		T-SHIRT SIZE:	

NAME:		INSTITUTION HS/PS		EMAIL ADDRESS:	
ADDRESS:		PROGRAM		CELL PHONE #:	
CITY:		GENDER M/F:		WORK PHONE #:	
ZIP:		ETHNICITY:		T-SHIRT SIZE:	

NAME:		INSTITUTION HS/PS		EMAIL ADDRESS:	
ADDRESS:		PROGRAM		CELL PHONE #:	
CITY:		GENDER M/F:		WORK PHONE #:	
ZIP:		ETHNICITY:		T-SHIRT SIZE:	

NAME:		INSTITUTION HS/PS		EMAIL ADDRESS:	
ADDRESS:		PROGRAM		CELL PHONE #:	
CITY:		GENDER M/F:		WORK PHONE #:	
ZIP:		ETHNICITY:		T-SHIRT SIZE:	

NAME:		INSTITUTION HS/PS		EMAIL ADDRESS:	
ADDRESS:		PROGRAM		CELL PHONE #:	
CITY:		GENDER M/F:		WORK PHONE #:	
ZIP:		ETHNICITY:		T-SHIRT SIZE:	

Questions: Kelli Byrne, kbyrne@ksde.org, 785-296-3784 or the SkillsUSA Membership Hotline (844) 875-4557