



Our Mission:

“To help promote SkillsUSA in terms of time, talent and financial resources at all levels — the local, district, state and national.”

Lifetime Membership or Donation

Want 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 with your check to SkillsUSA at the address below.

First and Last Name: _____

E-mail Address: _____

Home Address: _____

City: _____ State: _____ ZIP: _____

Home Telephone Number: (_____) _____ Cell: (_____) _____

Work Telephone Number: (_____) _____ Fax: (_____) _____

Current Employer: _____

Job Title: _____

School You Attended: _____

Trade Area: _____

Chapter City: _____ Chapter State: _____

High School Graduation Year: _____ College/Postsecondary Graduation Year: _____

SkillsUSA (or VICA) Advisor's Name: _____

What is your current relationship to SkillsUSA? (✓ [check] those that apply)

Instructor Student (HS) Student (C/PS) B&I Partner Friend Other

SkillsUSA Honors and Awards

SkillsUSA Offices Held: _____ Year: _____

Did you win a medal in a SkillsUSA competition? Yes No

If yes, what contest? _____

At what level? Local District Regional State National

Other awards: _____

Are you still involved in SkillsUSA activities? Yes No

Would you be interested in serving on a technical committee? Yes No

At what level? Local District Regional State National

Would you be interested in serving as a judge? Yes No

At what level? Local District Regional State National

Employability Skills

Have you completed any levels of the Professional Development Program? Yes No

If yes, what level did you complete? (1-5) _____

Have you completed the Career Skills Education Program (CSEP)? Yes No

Would you be willing to allow us to share your information with our business and industry partners? Yes No

Payment

Please check one:

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 payable to "Youth Development Foundation of SkillsUSA Inc." to:

ALUMNI FUND
Youth Development Foundation of SkillsUSA Inc.
P.O. Box 100532
Atlanta, GA 30384-0532

Thanks for your support!

Accounting Use Only

Date received: _____

Check No.: _____

Check amount: _____

Lifetime #: _____