



SkillsUSA Membership

First Name: _____

Last Name: _____

Birthdate: _____

Gender: (Female or Male) _____

Graduation Year: _____

Ethnicity: (Black/African American Hispanic/Latino/Spanish White/Caucasian
Asian American Indian/Alaska Native Native Hawaiian/other Pacific Islander
Multicultural Other)

Email: _____

Address: _____

Address Line 2: _____

City: _____ ST: _____ ZIP: _____

Home #: _____

Work #: _____