



Susan Goldstein #24564

Last edited by Binh Wakeford on Dec 29, 2025 at 4:05 PM



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3.7/5
Generosity Indicator

All Time Annual Fiscal

\$10,000.00 Donations
0.00 Volunteer Hours
\$460.00 Event Registrations

3 Event Attendance
\$0.00 Memberships
\$0.00 Soft Credits

\$0.00 Store Purchases

All Time Generosity Total \$10,460.00



Configure Edit

NAME	
First	Susan
Middle	—
Last	Goldstein
Preferred	Susan
Prefix	—
Suffix	—
Salutation	—

MEMBERSHIP	
Account Current	—
Membership Status	—
Membership Term	—
Membership Level	—
Membership Directory	—
Directory Opt-In Status	Automatically Opted In

ACCOUNT DETAILS	
Type	Athlete
Source	Online/Internet
Household	—
Employment	—
Gender	Female
Birthday	Jun 17, 1949
Login	susanbgoldstein Last logged in: Dec 27, 2022 at 5:25 PM
Login Confirmed	—

CONTACT	
Phone	(505) 989-9999
Home	—
Work	—
Fax	—
SMS/MMS Number	+1 (859) 229-4027
Email	susanbgoldstein@gmail.com

GENERAL INFORMATION	
SNOW BALL ASSIGNED SOLICITOR	—
2022 SNOW BALL SPECIAL NOTES:	—
2020 SNOW BALL SPECIAL NOTES:	—
Logo Pathway:	—
Preferred Contact Method	—
Preferred Contact Reason	—

Address	
Copy	Map
Address	P.O. Box 262 Tesuque, NM 87574
County	—
Online	—

DATA PRIVACY & CONSENT	
SMS/MMS	Given

ATHLETE	
Parent/Guardian Name(s) (If under 18)	—
Are you registering with ASPNM as a	—

Texting ok at Phone 1?	No	Athlete contact person relationship to Athlete	Susan
Emergency Contact Name	Steven Goldstein	Start year with ASPNM	2023
Emergency Contact Phone Number	859-559-1378	Seasons with ASP	—
Interested in summer program	—	Annual Household Income	Prefer not to say
Interested in winter program	—	Ethnicity	Not Hispanic or Latino
Ski Area	—	Race	White
Staff Only: waiver due date	—	Military Service	None
		DD-214 #	4027
		Are you considered a Wounded Warrior?	No
		Date of Injury	—

VOLUNTEER			
Volunteer Interests	—	Which Military Branch did you serve in (select all the apply)	Not a Veteran
How did you hear about ASPNM?	other skiers	Height	5'7"
Why would you like to be a part of the ASPNM?	—	Weight	135
ASP offers a wide variety of ways to get involved, including sports instructors, committee participation, and more! For which ASP events would you be interested in volunteering?	—	Type of Disability	Amputation Hearing impairment - partial
		Description of disability. Please include anything that you would like ASP to know that has not been addressed.	PAD
Have you ever taught Adaptive Sports of any kind?	—	What type of skiing/riding do you think you will be doing	Stand Up Skiing
Have you ever taught Skiing and/or Snow Boarding?	—	What functions are affected?	leg strength, endurance
Taught Adaptive Ski/Snowboard prior to ASPNM?	—	Current activities	walking
PSIA or AASI certification (or other professional Snowsport certification)	—	Medications	blood thinners
		Seizures	No
Summer Sports certifications, skills, and years experience?	—	If yes, date of last seizure	—
		Food or medication allergies	none
Summer Sports equipment owned?	—	Need to limit activities?	no
Other sport skills/experience?	—	Primary Care Physician name	Katherine Parke
Non-sport Volunteer?	—	Primary Care Physician phone	913-4660
What skills do you have that you would consider contributing	—	Health Insurance	Yes
		Ability to sense cold	yes
		Comprehension	good