

ARKANSAS ATHLETIC TRAINERS' ASSOCIATION

APPLICATION/RENEWAL FORM

Member Information:

Name: _____ Phone # work: _____

Address: _____ Phone # home: _____
(***the one that you want on the membership list***)

City: _____ State: _____ Zip Code: _____

E-mail address: _____

NATA Membership Number _____ Certification Number _____

Classification _____ Year certified _____

AR License Number _____

Place of Employment or the School you are attending: _____

ANNUAL MEMBERSHIP DUES

*****ALL ANNUAL STATE DUES FOR REGULAR CERTIFIED MEMBERS OF THE AATA
HAVE ALREADY BEEN COLLECTED AS PART OF YOUR ANNUAL N.A.T.A. DUES*****

| | | |
|---|----------------|----------|
| A.A.T.A. STATE ADVISORY MEMBERSHIP DUES | <u>\$25.00</u> | \$ _____ |
| STUDENT-CERTIFIED MEMBERSHIP DUES | <u>\$25.00</u> | \$ _____ |
| A.A.T.A. STATE STUDENT MEMBERSHIP DUES | <u>\$10.00</u> | \$ _____ |

Make check payable to the "A.A.T.A."

Please complete and return this form with payment to:

Dave England
Univ. of Arkansas
P.O. Box 7777
Fayetteville, AR 72702

**Total
Enclosed**

\$ _____