

ARKANSAS ATHLETIC TRAINERS' ASSOCIATION
APPLICATION/RENEWAL FORM

Member Information:

Name: _____ **Phone # work:** _____

Address: _____ **Phone # home:** _____

(***the one that you want on the membership list***)

Phone # cell: _____

City: _____ **State:** _____ **Zip Code:** _____

E-mail address: _____

NATA Membership Number _____

Certification Number _____

Year certified _____

Classification _____

AR License Number _____

NPI _____

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***

CERTIFIED MEMBERSHIP DUES (NON-NATA MEMBERS)	<u>\$50.00</u>	\$ _____
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:

**Heather Jolly
P.O. Box 23474
Little Rock, AR 72221**

**Total
Enclosed**

\$ _____