



# Mississippi Athletic Trainers' Association, Inc.

## APPLICATION FOR MEMBERSHIP

Please check the membership category you are applying for:

- |   |            |                            |
|---|------------|----------------------------|
| <input type="checkbox"/> Physicians     | (\$ 25.00) | NATA Membership # _____    |
| <input type="checkbox"/> NATA Certified | (\$ 25.00) |                            |
| <input type="checkbox"/> Licensed       | (\$ 25.00) | NATA Certification # _____ |
| <input type="checkbox"/> Associate      | (\$ 25.00) |                            |
| <input type="checkbox"/> Student        | (\$ 5.00)  | MS Licensure # _____       |
| <input type="checkbox"/> Corporate      | (\$100.00) |                            |
| <input type="checkbox"/> Honorary       | (\$ 0.00)  | Social Security # _____    |
| <input type="checkbox"/> Retired        | (\$ 0.00)  |                            |

### **Membership Fees are Due by December 31<sup>st</sup>**

Please complete the following:

Name: \_\_\_\_\_  
Last First Middle Initial

Mailing Address: \_\_\_\_\_  
Address City ST Zip

Employer: \_\_\_\_\_  
Address: \_\_\_\_\_

Address: \_\_\_\_\_  
Address City ST Zip

Phone: \_\_\_\_\_  
Home Work

E-mail Address: \_\_\_\_\_

### **STUDENT MEMBERS COMPLETE THE FOLLOWING:**

Name of School Attending: \_\_\_\_\_

Sponsor's Signature: \_\_\_\_\_

**I hereby apply for membership in the Mississippi Athletic Trainers' Association and if accepted as a member it is my intention to advance the interests and ideals of the Association to the best of my ability and to abide by its Constitution, By-Laws, and Code of Ethics.**

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Make checks payable to MATA and mail to:  
Troy Armstrong  
1300 S. Fifth  
Cleveland, MS 38732