



Membership Application Form

Please print this form, then complete it and send to the address at the bottom.

*Current & renewing NATA members do not need to apply;
your membership is being collected through your NATA dues.*

Name: _____
Last First MI

Please complete the following:

NATA# _____
BOC# _____
State License # _____

Check all that apply:

- | | | | |
|--------------------------|-----|--------------------------|-----------------------|
| <input type="checkbox"/> | ATC | <input type="checkbox"/> | EMT |
| <input type="checkbox"/> | LAT | <input type="checkbox"/> | Non-Certified student |
| <input type="checkbox"/> | PT | <input type="checkbox"/> | First Responder |
| <input type="checkbox"/> | PA | <input type="checkbox"/> | Other |
- _____

Organization: _____

Address: _____

Home _____
Work _____ City State Zip

Telephone: _____ Email: _____

Home
Work

Please make your \$50.00 check payable to the NCATA.

***You will receive an email confirmation of registration if you include your email address.
There will be a \$25.00 service charge on any returned check.**

Thank you for joining the North Carolina Athletic Trainers' Association

Send completed registration forms to: **NCATA Treasurer
Jason Brafford
12510 Bending Branch Rd
Charlotte, NC 28227**

Based on our IRS tax filing as a 501 (c) (6), no dues are tax deductible.