

Indiana Athletic Trainers' Association



Membership Application

If you would like to become a member of the IATA and you are not currently a member of the NATA and / or a permanent resident in the state of Indiana (as listed with the NATA), please provide the following information and send your application / fee to: IATA, 1829 Cunningham Road, PO Box 24167, Indianapolis, IN 46224

Name: _____
Last First M.I.

Gender: Male / Female

Home Address: _____
Street City State Zip

Home Phone: () _____ **Fax:** () _____ **E-mail:** _____@_____

Employer / School Affiliation: _____

Employer / School Address: _____
Street City State Zip

Employer / School Phone: () _____ **Fax:** () _____ **E-mail:** _____@_____

Mailing Preference: Home Employer / School

Volunteer Opportunities: I am interested in volunteering for the following (circle any): Fundraisers, Legislative Efforts, Education Efforts, Other IATA Activities

MEMBERSHIP INFORMATION <small style="color: red;">Complete only if not a member of NATA or a permanent resident in the state of Indiana.</small>	PAYMENT INFORMATION <small style="color: red;">Membership renewals must be received by December 31st.</small>
<input type="checkbox"/> Renewal <input type="checkbox"/> New Member	
<input type="checkbox"/> Yes <input type="checkbox"/> No Licensed by the state of Indiana as an Athletic Trainer	Membership Dues \$ _____
<input type="checkbox"/> Certified Member (\$40.00) <input type="checkbox"/> Clinic <input type="checkbox"/> Clinic / High School <input type="checkbox"/> Clinic / Industry <input type="checkbox"/> Industry <small style="margin-left: 100px;"><input type="checkbox"/> High School <input type="checkbox"/> College / Univ. <input type="checkbox"/> Professional <input type="checkbox"/> Other</small>	Scholarship Fund Donation \$ _____
<input type="checkbox"/> Affiliate Member (\$30.00)	Lobby Fund Donation \$ _____
<input type="checkbox"/> Student Member (\$15.00)	LAT-PAC Donation (not tax deductible) \$ _____
<input type="checkbox"/> Retired or Honorary Member (no fee)	<small style="color: red;">Please include an additional \$10.00 for membership reinstatement if postmarked after December 31st.</small> Late Fee \$ _____
Ethnic Background (Optional) <input type="checkbox"/> Black – Not of Hispanic Origin <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian-Pacific Islander <input type="checkbox"/> White-Not of Hispanic Origin <input type="checkbox"/> American Indian – Alaskan Eskimo <input type="checkbox"/> Other	TOTAL AMOUNT ENCLOSED \$ _____

Please send your membership application and fee to:
IATA, 1829 Cunningham Road, PO Box 24167, Indianapolis, IN 46224 (317) 231-2825 - (317) 481-1825 (fax)