

# 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:** \_\_\_\_\_ **Gender:** Male / Female  
Last First M.I.

**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

<b>MEMBERSHIP INFORMATION</b> <small style="color: red;">Complete only if not a member of NATA or a permanent resident in the state of Indiana.</small>	<b>PAYMENT INFORMATION</b> <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 <input type="checkbox"/> High School <input type="checkbox"/> College / Univ. <input type="checkbox"/> Professional <input type="checkbox"/> Other	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 31<sup>st</sup>.</small> Late Fee \$ _____
<b>Ethnic Background (Optional)</b> <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	<b>TOTAL AMOUNT ENCLOSED \$ _____</b>

**Please send your membership application and fee to:**  
**IATA, 1829 Cunningham Road, PO Box 24167, Indianapolis, IN 46224 (317) 484-2630 - (317) 481-1825 (fax)**