



DO NOT FILL THIS APPLICATION OUT IF YOU ARE A MEMBER OF THE NATA. YOU ARE AUTOMATICALLY A MEMBER OF ALATA IF YOU ARE A MEMBER IN GOOD STANDING WITH THE NATA.

Membership is granted pending verification of State of Alabama Licensure, Fees, and approval of Executive Council of ALATA

PLEASE PRINT OR TYPE ALL INFORMATION IN THE SPACE PROVIDED:

Name _____ Alabama License # _____

Mailing Address _____

City _____ State _____ Zip Code _____

Home Phone : (____) _____ Cell Phone: (____) _____

E-Mail: _____ Work Phone : (____) _____

Fax : (____) _____

NATABOC #: _____ NPI #: _____

Other Health Care Provider Credentials: _____

MEMBERSHIP CLASS (CHECK ONE)

- | | |
|---|---------|
| <input type="checkbox"/> CERTIFIED/LICENSED: | \$32.00 |
| <input type="checkbox"/> CERTIFEID/LICENSED; RETIRED: | \$00.00 |
| <input type="checkbox"/> ATHLETIC TRAINING STUDENT: | |
| Certified or Non Certified | \$10.00 |
| <input type="checkbox"/> HONORARY: | \$32.00 |

ALATA DUES ARE NOT TAX DEDUCTIBLE AS A CHARITABLE CONTRIBUTION, BUT MAY BE DEDUCTIBLE AS A BUSINESS EXPENSE.

PLEASE RETURN THIS APPLICATION WITH A SINGLE CHECK OR MONEY ORDER PAYABLE TO **ALATA** C/O:

Scott Lochridge, ATC
PO Box 2193
Cullman, Alabama 35056