

**APPLICATION FOR MEMBERSHIP  
NORTH DAKOTA ATHLETIC TRAINERS ASSOCIATION, INC.**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Present Position: \_\_\_\_\_  
Permanent Mailing Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Business Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**MEMBERSHIP CLASSIFICATIONS  
(CHECK ONE)**

- \_\_\_\_\_ 1. Certified/Licensed - NATABOC Certified Athletic Trainer or ND Licensed
- \_\_\_\_\_ 2. University/College Athletic Training Student - Certified
- \_\_\_\_\_ 3. University/College Athletic Trainer Student - Full time student
- \_\_\_\_\_ 4. High School Student - Full time Student
- \_\_\_\_\_ 5. Affiliate - Interested
- \_\_\_\_\_ 6. Advisory - Physicians
- \_\_\_\_\_ 7. Allied - Business interests related to Athletic Training
- \_\_\_\_\_ 8. Honorary - Voted on by members
- \_\_\_\_\_ 9. Retired - retired by age

Are you actively engaged in the Athletic Training profession? YES \_\_\_\_\_ NO \_\_\_\_\_  
If yes, explain: \_\_\_\_\_  
If no, what are you basing your request for application for membership in this organization?  
\_\_\_\_\_

Are you a member of the National Athletic Trainers Association? YES \_\_\_\_\_ NO \_\_\_\_\_  
If yes, Membership #: \_\_\_\_\_ Certification # \_\_\_\_\_ Year Certified \_\_\_\_\_

**I AM ENCLOSING DUES AS FOLLOWS:** \_\_\_\_\_ \$20.00 - Certified/Licensed, Affiliate, Advisory and Allied  
(Make checks to NDATA) \_\_\_\_\_ \$ 5.00 - Certified University/College Student  
\_\_\_\_\_ \$ 5.00 - University/College Athletic Training Student  
\_\_\_\_\_ \$ 2.00 - High School Student

I hereby apply for membership in the North Dakota Athletic Trainers Association, Inc. and if accepted as a member it is my intention to advance the interests and ideals to the best of my ability and to abide by the bylaws of the association.

Signature of Applicant: \_\_\_\_\_ Date \_\_\_\_\_

**RETURN APPLICATION AND DUES TO:  
Nikki German  
Dept 1200  
PO Box 6050  
Fargo, ND 58108-6050**