

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

Name: _____ NDATA, Inc. Membership # _____
Present position/Place of Employment: _____
Permanent Mailing Address: _____
Mailing Address if different then above: _____
Business Phone: _____ Home Phone: _____ Fax Number: _____
Date of Birth: _____ Are you Certified?: _____ If so what is your
certification number: _____

MEMBERSHIP CLASSIFICATIONS (CHECK ONE)

- _____ 1. Certified/Licensed - NATABOC certified or ND Licensed
NATABOC # _____
ND Licensed # _____
- _____ 2. Certified/College Student
NATABOC # _____
- _____ 3. University/College Student Trainer - Full time student
- _____ 4. High School Student Trainer - 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

_____ Other organizations request our mailing lists for different purposes; for example:

- 1. Conventions/meetings
- 2. Research/studies
- 3. Surveys
- 4. Star of the North Games

If you **DO NOT** want your name and address given to these organizations, please indicate here by checking the box.

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

Signature of Applicant: _____

RETURN APPLICATION AND DUES TO:

Nikki German
Dept 1200
PO Box 6050
Fargo, ND 58108-6050