



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 \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone : ( \_\_\_\_\_ ) \_\_\_\_\_ Cell Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Email: \_\_\_\_\_ Work Phone : ( \_\_\_\_\_ ) \_\_\_\_\_

Fax: ( \_\_\_\_\_ ) \_\_\_\_\_

NATABOC # \_\_\_\_\_ NPI #: \_\_\_\_\_

Other Health Care Provider Credentials: \_\_\_\_\_

**MEMBERSHIP CLASS (CHECK ONE)**

CERTIFIED/LICENSED:	\$32.00
CERTIFIED/LICENSED: RETIRED	\$00.00
ATHLETIC TRAINING STUDENT	
Certified or Non Certified	\$10.00
HONORARY STUDENT:	\$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:**

Matthew Gardiner, ATC  
 PO Box 187  
 Alabaster, AL 35007