



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"/> CERTIFIED/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:**

**Anthony Andrews, ATC, LAT  
P.O. Box 55565  
1600 7th Ave South  
Birmingham, AL 35233**