



Central PA Athletic Trainers' Association

Membership Application

Personal Information

First Name: _____ Last Name: _____

Home Address: _____ City: _____ State/Zip: _____

Home Phone: _____ Home Email: _____

Place of Employment: _____

Work Address: _____ City: _____ State/Zip: _____

County (Circle One): Adams Cumberland Dauphin Franklin Perry York

Work Phone: _____ Work Email: _____

Preferred Mailing Address (Circle One): Home Work

Employment Category (Circle One):

High School Sports Medicine Center Clinic/High School College/University

Professional Team Industry Graduate Student Other: _____

Membership Category (Circle One):

Certified: \$10.00 Student: FREE Advisory: FREE Retired: FREE

Affirmation

I hereby apply for membership to the Central Pennsylvania Athletic Trainers' Association in the _____ category. Enclosed is _____ for annual dues for January 1, 2011 to December 31, 2011. If accepted as a member of CPATA, it is my desire to advance the Society's interest and ideals to the best of my ability and to abide by its Constitution and By-Laws.

Signature: _____ Date: ____/____/____

-----Detach Here and Retain Bottom Portion for your Records-----

Return the completed above portion and payment to:

Spring Grove Area High School
Attention: Matt Staub
1490 Roth's Church Road
Spring Grove, PA 17362

Make checks payable to: **Central Pennsylvania Athletic Trainers' Association**

2011 Central Pennsylvania Athletic Trainers' Association Membership Dues

Check #: _____ Amount: _____ Date: _____