



# 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 of Employment (Circle One): Adams Cumberland Dauphin Franklin Perry York

Work Phone: \_\_\_\_\_ Work Email: \_\_\_\_\_

Preferred Mailing/Email 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, 2012 to December 31, 2012. 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**

**2012 Central Pennsylvania Athletic Trainers' Association Membership Dues**

Check #: \_\_\_\_\_ Amount: \_\_\_\_\_ Date: \_\_\_\_\_