



MEMBERSHIP APPLICATION

Have you ever been a member of the ATSNJ, Inc. before? YES: _____ NO: _____

Name: _____ M/F: _____ Date: _____

Company: _____

**Work Address: _____

City: _____ State: _____ Zip: _____

Work Phone: (____) _____ - _____ Fax: (____) _____ - _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home County: _____ Home Phone: (____) _____ - _____

Preferred E-Mail: _____ Preferred Mailing Address (*circle one*): Home or Work

(**students fill out home address only)

PLEASE CHECK YOUR DESIGNATED ATSNJ MEMBERSHIP CATEGORY:

- _____ NATABOC Certified or NJ Licensed (dues \$50)
- _____ Associate (dues \$50)
- _____ Retired
- _____ Other Health Care Professionals (dues \$50)
- _____ Out-Of-State (dues \$50)

- _____ Honorary Student (dues \$20)
- _____ Undergraduate
- _____ Graduate
- _____ Certified

_____ Corporate Sponsor (dues \$250)

PLEASE CHECK YOUR EMPLOYMENT SETTING:

- | | | | |
|------------------------------|-----------------------------|-----------------------|-----------------------------|
| _____ CI Clinical | _____ HC High School/Clinic | _____ PF Pro Football | _____ PT Pro Tennis |
| _____ CN Clinical/Industrial | _____ HO Hospital | _____ PG Pro Golf | _____ PX Pro Baseball |
| _____ CS College Student | _____ IN Industrial | _____ PH Pro Hockey | _____ OP Other Professional |
| _____ CO Corporate | _____ JC Junior College | _____ PS Pro Soccer | _____ UC Univ. & College |
| _____ HS High School | _____ PB Pro Basketball | | |

NATA Member #: _____ NATABOC Certification #: _____ NJ License #: _____

I hereby apply for membership in the Athletic Trainers' Society of New Jersey, Inc. If accepted as a member of this organization, it is my desire to advance its interests and ideals to the best of my ability and to abide by its Constitution and By-Laws.

Signature of Applicant: _____ Date: _____

-----FOR ATSNJ USE ONLY-----

Region: _____ Approved By: _____ Date: _____

Date Received: _____ President's Notebook _____ Amount Paid: \$ _____