



# 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:

- |   |  |
|---|--|
| <input type="checkbox"/> NATABOC Certified or NJ Licensed (dues \$65) | <input type="checkbox"/> Honorary            |
| <input type="checkbox"/> Associate (dues \$50)                        | <input type="checkbox"/> Student (dues \$25) |
| <input type="checkbox"/> Retired                                      | <input type="checkbox"/> Undergraduate       |
| <input type="checkbox"/> Other Health Care Professionals (dues \$50)  | <input type="checkbox"/> Graduate            |
| <input type="checkbox"/> Out-Of-State (dues \$65)                     | <input type="checkbox"/> Certified           |
| <input type="checkbox"/> Corporate Sponsor (dues \$250)               |  |

### PLEASE CHECK YOUR EMPLOYMENT SETTING:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> CI Clinical            | <input type="checkbox"/> HC High School/Clinic | <input type="checkbox"/> PF Pro Football | <input type="checkbox"/> PT Pro Tennis         |
| <input type="checkbox"/> CN Clinical/Industrial | <input type="checkbox"/> HO Hospital           | <input type="checkbox"/> PG Pro Golf     | <input type="checkbox"/> PX Pro Baseball       |
| <input type="checkbox"/> CS College Student     | <input type="checkbox"/> IN Industrial         | <input type="checkbox"/> PH Pro Hockey   | <input type="checkbox"/> OP Other Professional |
| <input type="checkbox"/> CO Corporate           | <input type="checkbox"/> JC Junior College     | <input type="checkbox"/> PS Pro Soccer   | <input type="checkbox"/> UC Univ. & College    |
| <input type="checkbox"/> HS High School         | <input type="checkbox"/> 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: \_\_\_\_\_

**Send Application and Payment to:**  
ATSNJ, Inc.  
224 West State Street  
Trenton, NJ 08608

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

Region: \_\_\_\_\_ Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

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