

Illinois Athletic Trainers Association Inc. Membership Application

Name

Preferred Address

City

State

Zip

Home phone

Work phone

Cell phone

E-mail address

Job Setting Code

Codes: **ST** – Student; **HS** – High School; **HC** – High School/Clinic; **CL** – Clinic; **HO** – Hospital; **IC** – Industrial/Corporate; **PR** – Professional; **CU** – College/University; **OT** – Other

Membership Category

Categories: Certified, Affiliate/Associate, Student, Retired Certified

If student, what school do you attend?

Who is your supervising ATC?

Member Dues

Certified: \$35.00

Affiliate/Associate: \$35.00

Student: \$5.00

Retired Certified: No Charge

Which form of the Journal of the IATA do you wish to receive?

Electronic

Printed

Please return this form and a check payable to the IATA to:

Jennifer Brown, ATC
IATA Membership Director
Northwestern University
Sports Medicine
1501 Central Street
Evanston, IL 60208