



**Mississippi Athletic Trainers' Association, Inc.**  
**Membership Application**  
*If your NATA membership is current, you are already an MATA member.*

Please check the membership category you are applying for:

- Certified \$ 32.00\*
- Physician \$ 32.00 \*
- Licensed \$ 32.00 \*
- Associate \$ 32.00 \*
- Student \$ 10.00
- Retired FREE
- Hall of Fame FREE

BOC Certification #: \_\_\_\_\_

MS AT License #: \_\_\_\_\_

NATA Membership #: \_\_\_\_\_

**Membership Fees are Due by February 1**

\*Late Fees will apply after March 1- \$50.00 after April 1- \$60.00

\*Please complete the following:

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**STUDENT MEMBERS COMPLETE THE FOLLOWING:**

Name of School Attending: \_\_\_\_\_

Sponsor's Signature: \_\_\_\_\_ AT License #: \_\_\_\_\_

**I hereby apply for membership in the Mississippi Athletic Trainers' Association and if accepted as a member it is my intention to advance the interests and ideals of the Association to the best of my ability and to abide by its Constitution, By -Laws and Code of Ethics.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Make checks payable to MATA and mail to:  
Shawn Robinson, MATA Treasurer  
10 Pond Drive  
Petal, Ms. 39465**

**Updated February 2016**