



GEORGIA ATHLETIC TRAINERS' ASSOCIATION



Membership Application/Renewal

(January 1 – March 31)

Membership dues are paid on a calendar year basis renewed each January. To be maintained as an active member, dues must be paid by **March 31** or members will no longer receive GATA newsletters or other correspondence. **If you have a paid your dues as a certified, associate, or student member of the NATA, your annual dues for GATA were collected with your NATA dues. Please verify that your mailing address is correct and reflects a Georgia address.**

First Name: _____ Last Name: _____

Employer: _____

Work Address: _____

City: _____ State: _____ Zip: _____

Work Phone: _____ Cell Phone: _____

Email Address: _____

NATA Member #: _____ NATABOC Certification #: _____

GA Board of Athletic Trainers State License #: _____

Member Classification (check one)

- GBAT licensed/NATABOC Certified \$40.00
- Licensed/Certified Retired \$25.00
- Licensed/ Certified Student \$25.00
- Associate (Allied Health--PT/OT/RN/etc) \$40.00
- Non-certified/licensed Student (College/University/High School) \$20.00

I also wish to contribute \$_____ to the GATA Lobbying Fund

I do not wish to contribute to the Lobbying Fund. I have enclosed the appropriate dues amount only.

Total Amount Enclosed \$_____

Please make checks payable to: **Georgia Athletic Trainers' Association** and return completed application to:

Susanne E. Tucker, MS, ATC, LAT, ITAT
Gwinnett Medical Center Sports Medicine
c/o Concussion Institute
3855 Pleasant Hill Rd., Ste. 130
Duluth, GA 30096