



WSATA
 WASHINGTON STATE
 ATHLETIC TRAINERS' ASSOCIATION, INC.

WSATA MEMBERSHIP APPLICATION

Name _____
 First Middle Last

Gender _ Female _ Male

Place of Employment _____

Address listed will be used for mailing correspondence

City _____ State _____ Zip _____

Contact Information

Home # (____) _____ - _____

Work # (____) _____ - _____

Cell # (____) _____ - _____

Fax # (____) _____ - _____

E-Mail address _____

Is any of this information new? _ No _ Yes

Membership Fees

Certified \$20.00

Non-Certified No Fee

Advisory No Fee

Honorary No Fee

Mail checks and completed application to :

Jolene Fisher

15222 E. 20th Ave.

Spokane Valley, WA 99037

- make checks payable to WSATA
- Memberships Valid for one year January 1-December 31, renewed annually.

Type of Membership

Certified:

Regular

Retired

Student

Non-Certified:

Secondary School Student

Undergraduate Student

Graduate Student

Honorary/Advisory:

Advisory (occupation _____)

Honorary (occupation _____)

* Honorary and Advisory members must be sponsored by a current certified WSATA member in good standing

Name of Sponsoring Member

x _____

Work Setting

Junior College

University

High School

High School/Clinic

Clinic

Retired Certified

Hospital

Professional Sports

Industrial/Corporate

Other _____