

# PENNSYLVANIA ATHLETIC TRAINERS' SOCIETY, INC.

## MEMBERSHIP APPLICATION

*Personal Contact Information*

NAME: \_\_\_\_\_  
                    Prefix           First                           Last                                   Designation

DATE OF BIRTH (mm/dd/yyyy): \_\_\_\_\_ LAST 4 SSN#: \_\_\_\_\_

**GENDER:**  
 Male  Female

**HOME ADDRESS:**  
\_\_\_\_\_  
STREET/APT  
\_\_\_\_\_  
CITY/STATE/ZIP  
\_\_\_\_\_  
COUNTY

**WORK ADDRESS:**  
\_\_\_\_\_  
EMPLOYER/PLACE OF EMPLOYMENT  
\_\_\_\_\_  
STREET/APT  
\_\_\_\_\_  
CITY/STATE/ZIP  
\_\_\_\_\_  
COUNTY

**PREFERRED MAILING ADDRESS:**    WORK    HOME  
(check one)

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Home Phone: \_\_\_\_\_

# PENNSYLVANIA ATHLETIC TRAINERS' SOCIETY, INC.

## MEMBERSHIP APPLICATION

### Membership Information

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

Job Setting Description: \_\_\_\_\_

(College or University(DI-III, NAIA)/High School/Hospital/Rehabilitation Clinic/Pro  
Sports/Industrial/Occupational/Military/Etc.)

Job Title: \_\_\_\_\_

(Head AT, Assistant/Associate AT, Athletic Director, Professor, Instructor, Coordinator, Physician  
Extender, Sales, Supervisor, Teacher, Student, Retired, Unemployed/Etc.)

NATA MEMBERSHIP #: \_\_\_\_\_

BOC CERTIFICATION #: \_\_\_\_\_

PENNSYLVANIA CERTIFICATION #: \_\_\_\_\_

ADDITIONAL LICENSE/ CERTIFICATE: \_\_\_\_\_

Do you have an NPI number:  Yes  No

### MEMBERSHIP CATEGORY:

- Certified
- Associate
- Retired Certified
- Student-Undergraduate (non certified)
- Student-Graduate (non certified)
- Student-Certified
- Military Inactive
- Other Health Care Professional
- Honorary

### SCHOOL INFORMATION:

Undergraduate School: \_\_\_\_\_ Grad Date: \_\_\_\_\_

Graduate School 1: \_\_\_\_\_ Grad Date: \_\_\_\_\_

Graduate School 2: \_\_\_\_\_ Grad Date: \_\_\_\_\_

\*If certified student, anticipated grad date mm/dd/yyyy:

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PAYMENT CATEGORY:     CERTIFIED: \$50.00     ASSOCIATE: \$50.00  
 ADVISORY: \$40.00     CERTIFIED STUDENT: \$20.00     STUDENT:  
 \$15.00 RETIRED/HONORARY: NONE

(See Last page for Membership Descriptions)

### AFFIRMATION

I hereby apply for membership to the Pennsylvania Athletic Trainers' Society in the \_\_\_\_\_ category. Enclosed is \_\_\_\_\_ for annual dues for January 1, \_\_\_\_\_ to December 31, \_\_\_\_\_. If accepted as a member of P.A.T.S. it is my desire to advance the Society's interests and ideals to the best of my ability and to abide by its Constitution and By-Laws.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**MAKE CHECKS PAYABLE TO: PENNSYLVANIA ATHLETIC TRAINERS' SOCIETY, INC.**

### MAIL COMPLETED FORM AND PAYMENT TO:

Approximately 25% of dues are allocated for lobbying.

Lindsay Rice, 4040 Presidential Blvd. Apt 3009, Philadelphia, PA 19131

# **PENNSYLVANIA ATHLETIC TRAINERS' SOCIETY, INC.**

## **MEMBERSHIP APPLICATION**

### ***MEMBERSHIP CATEGORY DESCRIPTIONS***

#### **CERTIFIED MEMBER**

Certified members of PATS will include BOC certified athletic trainers.

#### **CERTIFIED RETIRED MEMBER**

Previously BOC certified athletic trainers retired from the profession and registered as inactive with the BOC.

#### **CERTIFIED STUDENT MEMBER**

Certified student members of PATS will include BOC certified athletic trainers still enrolled as full time students in a university or college.

#### **ASSOCIATE MEMBER**

Associate members shall be open to individuals who are working professionally in athletics, education, research, medicine, or an allied health profession related to athletic training. An individual who has fulfilled the requirements to apply for the BOC certification examination and is not currently enrolled as a full time student shall be eligible for the Associate membership category. Associate members shall pay such dues as shall be determined by the Board.

#### **STUDENT MEMBER**

Non-BOC certified individuals enrolled in an accredited, entry level athletic training program. Student members shall pay such dues as shall be determined by the Board.

#### **HONORARY MEMBER**

Honorary membership may be awarded to an individual who shows profound interest in and promotes the athletic training profession. Nominations shall be made by Certified PATS Members only and must be accompanied by resumes. The Honors and Awards Committee shall make recommendations to the Board for approval. Honorary Members shall pay no dues.

#### **ADVISORY**

Advisory members are medical practitioners, duly licensed in their respective field, that work in conjunction with athletic trainers. They are appointed by the President, with the consensus of the Board, and act as consultants to the Society.