



# MEMBERSHIP APPLICATION

Have you ever been a member of the ATSNJ, Inc. before? YES: \_\_\_\_\_ NO: \_\_\_\_\_

Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Date: \_\_\_\_\_

Company: \_\_\_\_\_

\*\*Work Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home County: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Preferred E-Mail: \_\_\_\_\_ Preferred Mailing Address (*circle one*): Home or Work

(\*\*students fill out home address only)

### PLEASE CHECK YOUR DESIGNATED ATSNJ MEMBERSHIP CATEGORY:

- NATABOC Certified or NJ Licensed (dues \$65)
- Associate (dues \$50)
- Retired
- Other Health Care Professionals (dues \$50)
- Out-Of-State (dues \$65)
- Honorary
- Student (dues \$25)
- Undergraduate
- Graduate
- Certified
- Corporate Sponsor (dues \$250)

### PLEASE CHECK YOUR EMPLOYMENT SETTING:

- CI Clinical
- CN Clinical/Industrial
- CS College Student
- CO Corporate
- HS High School
- HC High School/Clinic
- HO Hospital
- IN Industrial
- JC Junior College
- PB Pro Basketball
- PF Pro Football
- PG Pro Golf
- PH Pro Hockey
- PS Pro Soccer
- PT Pro Tennis
- PX Pro Baseball
- OP Other Professional
- UC Univ. & College

NATA Member #: \_\_\_\_\_ NATABOC Certification #: \_\_\_\_\_ NJ License #: \_\_\_\_\_

I hereby apply for membership in the Athletic Trainers' Society of New Jersey, Inc. If accepted as a member of this organization, it is my desire to advance its interests and ideals to the best of my ability and to abide by its Constitution and By-Laws.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Send Application and Payment to:  
ATSNJ, Inc.  
400 Sullivan Way  
Trenton, NJ 08608

### -----FOR ATSNJ USE ONLY-----

Region: \_\_\_\_\_ Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

Date Received: \_\_\_\_\_ President's Notebook \_\_\_\_\_ Amount Paid: \$ \_\_\_\_\_