



WISCONSIN ATHLETIC TRAINERS' ASSOCIATION

WATA Membership Application

NAME: _____

PLACE OF EMPLOYMENT: _____
(or school attending)

WORK ADDRESS: _____

CITY: _____ ZIP: _____

WORK PHONE: (____) _____ FAX: (____) _____

E-MAIL ADDRESS: _____

HOME ADDRESS: _____

CITY: _____ ZIP: _____

HOME PHONE: (____) _____

CHECK ONE: NEW MEMBER: _____ RENEWAL: _____

I HEREBY APPLY FOR MEMBERSHIP IN THE WATA, INC. AS A:

_____ CERTIFIED ... (Cert.# _____)..... \$35.00

_____ ASSOCIATE/Retired Member\$35.00

_____ STUDENT (INSTITUTION _____) \$ 5.00

_____ DONATION TO THE "FOUNDING FATHERS SCHOLARSHIP FUND"

MAKE CHECK PAYABLE TO:
Wisconsin Athletic Trainers' Association, Inc.

RETURN FORM AND PAYMENT TO:

Heidi Gutschow
WATA Treasurer
3955 Rileys Point Rd.
Sturgeon Bay, WI 54235

- . CERTIFIED check the
- . appropriate area(s):
- . _____ clinical
- . _____ corporate/industrial
- . _____ high school
- . _____ college/ university
- . _____ professional
- . _____ retired
- . _____ other _____