

**Maine Athletic Trainers Association**

**Membership Form**

**(For Non-NATA Members)  
January – January**

**Individuals wishing to become members of the MATA must meet   
one of the following classes of membership:**

* **Certified -** Must be an athletic trainer certified by the Board of Certification and licensed in the State of Maine whose annual MATA dues have been paid in full.
* **Associate -** Must be an Allied Health Professional who has an interest in the Athletic Training profession and whose annual dues are paid in full.
* **Student -** Any full-time High School or College Student with an interest in the profession of Athletic Training, and whose annual dues have been paid in full.
* **Retired -** A Retired Certified Athletic Trainer who desires to be active in the MATA organization. \*\*No dues required\*\*

*\*\*All members of the NATA (certified and student), in good standing, automatically become members of the MATA. Dues are collected from the NATA membership dues by District 1 and distributed to the MATA on a yearly basis.\*\**

Please type or print clearly. Complete all information.

**NAME** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Indicate your preferred mailing location:  
□ **Home** PO Box, RFD, Street \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_\_\_\_Phone \_\_\_\_\_\_\_\_\_\_\_\_Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ **Work/ Business/ School** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_\_\_\_Phone \_\_\_\_\_\_\_\_\_\_\_\_Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Membership Category Fee**

□ **Certified**: $35 □ **Associate**: $15 □ **Student**: $15   
□ **Retired**: No Fee □ **Advisory**: No Fee

**NATA Certified?**  □YES □NO

Please circle the committees in which you would like to participate:

Education Emerging Practices Governmental Affairs MATA Honors and Awards

NATA LGBTQ+ Advisory PR Secondary Schools Young Professionals

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please contact Angela Potter [angela.potter@maine.edu](mailto:angela.potter@maine.edu) if you have questions. Enclose a check for the appropriate fee payable to: Maine Athletic Trainers Association. Mail form and check to:

**Angela Potter University of Southern Maine**

**37 College Ave. Gorham, Me 04038**