

Valley Athletic Trainers Association Membership Application

Please print legibly in blue or black ink

Full Name _____

Home Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____

Name of Business or Workplace _____

Business Address _____

City _____ State _____ Zip Code _____

E-mail Address _____

Credentials (check all that apply):

ATC LAT PT OT PTA OTA College Student Other

Payment: (Please do not send cash)

Check (Make payable to VATA/SPATS) Money Order

Credit card payments will be processed only through paypal.

Active \$25.00 Retired \$25.00 Associate \$75.00 Student \$5.00

Mail application and payment to : VATA/SPATS, PO Box 720598, McAllen, TX 78504