



# WYOMING

Athletic Trainers' Association

## MEMBERSHIP APPLICATION

++Please note if you are a member of the National Athletic Trainers' Association or the Rocky Mountain Athletic Trainers' Association, you are already a member of the WyoATA.

**NAME:**

\_\_\_\_\_  
Ms./Mrs./Mr./Dr. First, Middle Initial, Last

**EMPLOYER:** \_\_\_\_\_

**EMPLOYER/BUSINESS ADDRESS:**

\_\_\_\_\_  
Preferred: Y N

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**HOME ADDRESS:**

\_\_\_\_\_  
Preferred: Y N

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**PHONE:** W: (\_\_\_\_\_) \_\_\_\_\_ C: (\_\_\_\_\_) \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

Please provide an email that you regularly check

**BOC CERTIFICATION #:** \_\_\_\_\_ **YEAR CERTIFIED:** \_\_\_\_\_

**WYOMING LICENSURE #:** \_\_\_\_\_

**MEMBERSHIP CLASS AND FEES:** Please select the membership class that applies

CERTIFIED: \$30.00     NON-CERTIFIED: \$30.00     STUDENT: \$30.00     RETIRED: No Dues

- This is an Annual Membership. Membership enrollment begins January 1<sup>st</sup>, of the calendar year.
- Please print this application and mail it with your payment by **February 15<sup>th</sup>**.
- Make checks payable to *WyoATA*
- Send to: *Clayton Wilson  
Casper Orthopedics  
4140 Centennial Hills Blvd  
Casper, WY 82609.*

Please direct all questions to the state association e-mail at [wyoata@rmata.org](mailto:wyoata@rmata.org)