



World Federation of Athletic Training and Therapy

Institution Association Member

Note: If applying prior to December 31, 2004, Founding Educational Institutional Membership will be granted when application approved.

Date: _____

Institution Name _____

Department/Division _____

Department Head _____

Mailing:

Responsible Professional _____

Address _____

COUNTRY _____

Telephone _____ Fax _____

Email _____ Web site _____

Accredited by: _____

Specific Degree Programs _____

Degrees leading to what professions(s) _____

Specific Non-Degree Programs _____

Specific non-degree(s) leading to what professions(s) _____

Why do you wish to become a member of WFATT?

How do you envision your participation in WFATT?

Fees: \$100.00 U.S. WFATT dues; \$15.00 U.S. processing/administration.

Credit Card Information:

_____ Master Card _____ Visa _____ American Express

Card # _____

Exp. Date: _____ Amount in U.S. Dollars: \$ _____

Fax to: 214.637.2206

Cheques from Institutions outside of the U.S. must be payable in U.S. Funds. Please note payment is for WFATT dues.

Mail to:

National Athletic Trainers' Association

Attn: Cate Brennan Lisak

2952 Stemmons Freeway, Suite 200

Dallas, TX 75247 USA

Bank Transfers: contact Linda Tilley, Director of Finance & Administration,

lindat@nata.org

NATA voice: 214.637.6282