



**World Federation of Athletic Training and Therapy
Regional Association Member**

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

Date: _____

Association Name _____

Executive Officer _____

Mailing address _____

COUNTRY _____

Telephone _____ Fax _____

Email _____ Web site _____

Professions(s) Represented

1. _____

2. _____

3. _____

Number of members in association _____

Association years of existence/operation _____

Is this association Incorporated? Y _____ N _____

Why do you wish to become a member of WFATT?

How do you plan to participate 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