



MEMBERSHIP APPLICATION

++Please note if you are a member of the National Athletic Trainers' Association you are already a member of KATS.

NAME: _____
Ms./Mrs./Mr./Dr. First, Middle Initial, Last (Maiden)

EMPLOYER: _____

HOME ADDRESS: _____ Preferred: Y N

CITY: _____ STATE: _____ ZIP: _____

WORK ADDRESS: _____ Preferred: Y N

CITY: _____ STATE: _____ ZIP: _____

W: (____) _____ H: (____) _____ C: (____) _____

EMAIL: _____

___ FEMALE ___ MALE DOB: ___ / ___ / ___ LAST 4 DIGITS OF SSN: ___

BOC CERTIFICATION #: _____

YEAR CERTIFIED: _____

BEEN A KATS MEMBER BEFORE? ___ NO ___ YES

ARE YOU A MEMBER OF ANOTHER STATE? ___ NO ___ YES IF YES, WHICH STATE? _____

MEMBER WHO REFERRED YOU? _____

Please print this application and mail it with your payment (cashier's or personal check made out to KATS) to the address listed for the KATS treasurer on the website.