



Manitoba Athletic Therapists' Association

BRANCH OF CANADIAN ATHLETIC THERAPISTS ASSOCIATION
 145 PACIFIC AVENUE
 WINNIPEG, MANITOBA R3B 2Z6
 PHONE (204) 925-5930 FAX (204) 925-5624

MEMBERSHIP APPLICATION FOR C.A.T. (C)

Office Use Only

Year	Receipt No.
2010	

Name: _____

Address: _____

Postal Code: _____

Phone: (Home) _____ Email Address: _____

CATA Membership No.: _____ Are you an S.A.T.? _____

Employment: _____

Address: _____

Phone: (work) _____ Fax: _____

Affiliation(s):

Team	Term/Year	Position

Personal Comments:

Use the space provided to indicate your expectations of the MATA, and/or any changes which you would like to see made to any facet of your Association.

Please complete other side

In order for your Association to better serve you, you are asked to please indicate areas or topics which you would like to attend and/or take part in such as continuing education seminars, workshops, study groups, social activities, fundraisers, *et cetera*.

Other health related qualifications (list current/valid ones only):

Are you interested in working at MATA sponsored events? YES NO

Membership Requirements

In order to maintain certified status and billing privileges in Manitoba, the following documents must be submitted by March 31 of each year:

- Membership renewal form
- Proof of current liability insurance.
- Proof of attendance at a Personal Health and Information Act (PHIA) Seminar (one-time only submission)

Membership Fee Schedule

A one year membership for a Certified Athletic Therapist is **\$ 300.00** and expires on March 31 of each year. **Payments made with credit card will have a 3% (\$ 8.10) service charge added.**

Payment options:

Visa Mastercard

Card Number: _____ Expiry Date: _____

Name on Card: _____

cheque payable to the **Manitoba Athletic Therapists' Association**

cash

Please return completed application form and payment to:

**MANITOBA ATHLETIC THERAPISTS' ASSOCIATION
145 PACIFIC AVENUE
WINNIPEG, MANITOBA
R3B 2Z6**