



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: CERTIFICATION CANDIDATE

Office Use Only

Year	Receipt No.
2010	

Name: _____

Address: _____

Postal Code: _____

Phone: (Home) _____ (Work) _____ Fax: _____

Email Address: _____

CATA Membership No.: _____ Name of S.A.T. _____

University Program: _____

Total Clinical Hours: _____ Total Field Hours: _____

Affiliation(s):

Team	Year	Position

Personal Comments:

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

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

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

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

Membership Requirements

As of May 2006, new members must have completed a Personal Health Information Act (PHIA) seminar prior to joining the MATA. In order to maintain certification candidate status and collect hours towards certification in Manitoba, a completed renewal form must be submitted by March 31 of each year.

Membership Fee Schedule

A one-year membership for a Certification Candidate is \$165.00 (\$75 + \$90) and expires on March 31 of each year.

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