Manitoba Athletic Therapists' Association

BRANCH OF CANADIAN ATHLETIC THERAPISTS ASSOCIATION
233 INVESTORS GROUP ATHLETIC CENTRE
UNIVERSITY OF MANITOBA, WINNIPEG, MANITOBA R3T 2N2
PHONE (204) 474-6004 FAX (204) 474-7680

CERTIFICATION CANDIDATE MEMBERSHIP APPLICATION FORM

Office Use Only

Year	Receipt No.
2008	

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 <u>your</u> 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

In order to maintain certification candidate status in Manitoba, the following documents must be submitted by March 31 of each year:

- Membership renewal form
- Copy of valid CPR/HCP
- Proof of attendance at a Personal Health and Information Act (PHIA) Seminar (one-time only submission)
- Certification candidates must meet the minimum requirements for maintenance of membership status, each calendar year, as administered by the C.A.T.A.

Membership Fee Schedule

2008 membership for a certification candidate is **$ 97.50** and expires on March 31, 2009. **Payments made with credit card will have a 3% ($ 2.93) service charge added.**

Payment options:

Visa _ Mastercard _ American Express _

Card Number: _____ Expiry Date: _____

Name on Card: _____

Signature: _____

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

cash _

Please return completed application form and payment to:

Manitoba Athletic Therapists' Association
233 Investors Group Athletic Centre
University of Manitoba
Winnipeg, Manitoba
R3T 2N2