Application for Membership
Certification Candidate
REVISED JULY 17, 2006

If accepted as a member of the association, it is my desire to advance its interests and ideal to the best of my ability, and to abide by the Constitution and Code of Ethics of the CATA. Furthermore, I agree to align myself with, and work in conjunction with a C.A.T.A. approved Supervisory Athletic Therapist one year from this date and to attempt the certification examination on or before five (5) years from this date.

_____
Signature

Personal Data (please type or print clearly)

Surname: _____ Given Name: _____

Address: _____ City: _____ Prov: _____

Postal Code: _____ Tel. (W) ( ) _____ (H) ( ) _____

Email: _____

Education

Accredited Institution Presently Enrolled: Please check one

- ❑ York University
- ❑ Sheridan College
- ❑ Concordia University
- ❑ University of Manitoba
- ❑ University of Winnipeg
- ❑ Mount Royal College

Anticipated Date of Graduation: _____
Month & Year

Signature of Coordinator of Accredited Program:

_____ CATA Number: 2-_____
(Must be a Certified Athletic Therapist)

***please include page 2 with application**

WITH YOUR APPLICATION INCLUDE:

- ❑ **Certified Cheque/ Money Order ($204.05) made payable to CATA or**
- ❑ **Credit Card Payment**
  - ❑ **Visa**
  - ❑ **Master Card**
  - ❑ **American Express**

Cardholder:_____
Please print clearly

_____ **Expiry Date:**_____
Card Number

- ❑ Proof of Current Standard First Aid
- ❑ Proof of Valid CPR- 'Level C'
- ❑ Concordia University Students – we accept the basic emergency care course

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- ➢ If your application is not accepted, the fee will be refunded
- ➢ You may begin to accumulate hours of practical experience upon postmark date of your application if your application is complete
- ➢ If your application is **incomplete upon receipt it** will be **returned to you**. You may only begin to accumulate the hours upon approval of your application by the CATA national office.

For Office Use Only

Post Mark Date _____/ _____/ _____

Date of Receipt _____/_____/_____

Complete Yes _____ No _____

Date of Approval _____/_____/____ _____
Month Day Yr Signature of Membership Director

Mission Statement

The CATA is a progressive not-for-profit organization dedicated to the promotion and delivery of the highest quality care to active individuals through injury prevention, emergency services and rehabilitative techniques.

The Association is a leader within the Sport Medicine Community of Canada through its continuing development, implementation and monitoring of professional standards.

In collaboration with other allied health professionals, the CATA creates a healthier environment that encompasses the needs of the active community through to the high performance athlete.