



**LOUISIANA ATHLETIC TRAINERS' ASSOCIATION, INC.**  
**Membership Registration Form**

Please complete the following information, DO NOT leave any blanks empty.

Name: \_\_\_\_\_ Credential (s): \_\_\_\_\_  
LAST FIRST (NICKNAME) (IF APPLICABLE)

Home Address: \_\_\_\_\_ ( ) \_\_\_\_\_  
STREET or P.O. BOX CITY STATE ZIP CODE PHONE #

Work Address: \_\_\_\_\_ ( ) \_\_\_\_\_  
STREET or P.O. BOX CITY STATE ZIP CODE PHONE #

**PLEASE SEND LATA CORRESPONDENCES TO:** \_\_\_\_\_ Email \_\_\_\_\_ Home Address \_\_\_\_\_ Work Address

Employer / School: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

State Certification #: \_\_\_\_\_ NATA Member #: \_\_\_\_\_ NATABOC #: \_\_\_\_\_

**LOUISIANA RESIDENT MEMBERS:** Please check one category.

I. STUDENT MEMBERSHIP

- I did pay my NATA Student Membership Dues in the amount of \$\_\_\_\_\_ on (date) \_\_\_\_/\_\_\_\_/\_\_\_\_ with check # \_\_\_\_\_, which did include my dues for LATA. *(Any student member of good standing with NATA will be granted membership in LATA.)*
- I am not a member of NATA. Please find enclosed a check or money order in the amount of \$15.00.

II. PROFESSIONAL MEMBERSHIP

- I did pay my NATA Professional Membership Dues in the amount of \$\_\_\_\_\_ on (date) \_\_\_\_/\_\_\_\_/\_\_\_\_ with check # \_\_\_\_\_, which did include my dues for LATA.
- I am not a member of NATA. Please find enclosed a check or money order in the amount of \$25.00.

III. RETIRED MEMBERSHIP

- I am a retiree of \_\_\_\_\_ and would like to renew my membership with LATA. *(There is no charge for this category.)*

**Out-of-State MEMBERS:** (Make check or money order payable to: LATA, Inc.)

IV. STUDENT MEMBERSHIP

- Please find enclosed a check or money order in the amount of \$15.00.

V. PROFESSIONAL MEMBERSHIP

- Please find enclosed a check or money order in the amount of \$25.00.

**I do hereby affirm that the above information is true and correct to the best of my knowledge.**  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

OFFICE USE ONLY	DO NOT WRITE
Date Received:	
Amount:	
Check #:	
Check Date:	

**PLEASE RETURN FORM WITH PAYMENT TO:**

Scott Cochran ATC, LAT (318) 448-6837  
 2417 East Texas Avenue (318) 466-6031 (fax)  
 Alexandria La 71301 Scott.Cochran@christushealth.org