

MICHIGAN ATHLETIC TRAINERS SOCIETY
Universal Member Interest form
ATHLETIC TRAINING QUALIFICATIONS AND EXPERIENCES

Please complete and forward this form to the MATS President if you would like to get involved in YOUR organization.

Full Name:

N.A.T.A. Cert.

Home Address

Office Address:

Home Phone:

Office Phone:

1. Education:

College:

Degree:

College:

Degree:

Specialized Training/Qualifications

2. Experiences (Chronological Order, most recent first):

A. Name and Places of Athletic training Duties:

B. Special Games or Contests:

3. Publications: (Books, Articles, Professional Publications)

4. Awards, Lectures, Other Endeavors Critical to Athletic Training:

5. Offices Held:

6. Areas of Expertise/Interest (Please List committees you would be interested in):