

BATRA Membership Application New Renewal Today's Date: _____

NAME: _____

Complete Mailing Address (Include department, service, or other instructions PRN):

I prefer to receive mailings via: Email Paper mail

Email: _____

Phone Numbers: Work: _____

Home: _____ Fax: _____

Please check all that apply:

CTRS RTC RTA Other: _____

I am a member of:

ATRA CPRS NCCAC Other: _____

I am interested in (Check all that apply):

CEUs Networking Social events Legislative issues Research

Other: _____

Membership Category:

Professional Member \$25 Supporting Professional \$15

Student Member \$15 Supporting Student \$5

Students, please provide name of university: _____

Tx Network Information (Optional):

Primary population served: _____

Place of employment: _____

Job title: _____

Specialty and/or Primary Responsibilities: _____

May we share this information with other professionals and students? Yes No

Please return completed application
with check or money order to:

BATRA
PO BOX V-54
PALO ALTO, CA 94304-0054