2400 Latigo Avenue
Oxnard, CA 93030 USA
Phone: 805.604.2000/1.866.464.2872
Fax: 805.604.2003
Email: membership@atra.com
Web: www.atra.com

SCHOOLS MEMBERSHIP APPLICATION

Fill out this form completely and return with payment to the address on this form or join online at: http://members.atra.com

SELECT MEMEBRSHIP TYPE

❑ Instructor Member ❑ Student Member* (Proof of Enrollment required)

Membership Information

LAST NAME FIRST NAME

HOME ADDRESS

CITY STATE POSTAL CODE

HOME PHONE NUMBER

MOBILE PHONE NUMBER

EMAIL ADDRESS

School Information *(Required)*

SCHOOL NAME

SCHOOL ADDRESS

CITY STATE POSTAL CODE

SCHOOL PHONE NUMBER EXTENSION

HOME PHONE

SCHOOL WEBSITE ADDRESS

Instructor Details

ORIGINAL DATE OF EMPLOYMENT

PLEASE LIST ALL CURRENT COURSES TAUGHT AT THIS SCHOOL

PLEASE LIST ALL PREVIOUS COURSES TAUGHT

Student Details* *(proof of enrollment required)*

INITIAL ENROLLMENT DATE EXPECTED GRADUATION DATE

CURRENT COURSES ENROLLED

COURSES COMPLETE

❑ BY MY SIGNATURE I ACKNOWLEDGE THAT THE NAMED INDIVIDUAL IS CURRENTLY ENROLLED IN AT LEAST ONE OF THE CLASSES THAT I TEACH AT THE ABOVE NAMED SCHOOL.

INSTRUCTOR SIGNATURE (required for all students) _____ DATE _____

Payment Details

MEMBER TYPES *(1 Year Membership)*

Instructor Member - 1st Instructor ❑ $1067†
Instructor (Additional) - 2nd or more from the same school ❑ $100**
Student Members - For each individual student ❑ ~~$100*~~ $Free*

†Includes a FREE ticket to attend ONE regional ATRA Technical Seminar and a FREE Technical Conference ticket to attend ATRA's PowerTrain Expo.

***Includes a DISCOUNT ticket to attend ONE regional ATRA Technical Seminar and a DISCOUNT to attend the Technical Conference at ATRA's PowerTrain Expo. (applies to 2nd Instructor and additional Instructors within same school).*

**Includes a FREE ticket to attend ONE regional ATRA Technical Seminar.*

PLEASE NOTE: Attendance to either of the events is not required to maintain membership.

Calculate Your Payment

TOTAL PAYMENT DUE $ _____

❑ **CHECK ENCLOSED MAKE PAYABLE TO THE ATRA *(ACCEPTED FROM U.S. BANKS ONLY)***

❑ **I HEREBY AUTHORIZE ATRA TO CHARGE MY CREDIT CARD FOR PAYMENT.**
SELECT ONE: ❑ AMEX ❑ DISCOVER ❑ M/C ❑ VISA

CARD NUMBER _____ EXP _____

NAME ON CARD _____ C V V# _____

SIGNATURE _____

PLEASE CALL ATRA MEMBERSHIP SERVICES FOR ANY ASSISTANCE 866-464-2872

Conditions of Membership

Instructor Members - It is highly encouraged, although not required, to attend both the annual ATRA PowerTrain Expo as well as the local regional ATRA Technical Seminar. Attendance does not alter the membership dues amount required.

Student Members - Student members are restricted to no more than (3) years of membership at the student rate and proff of current enrollment is required for each consecutive year.

Additional Acknowledgments - Applicant understands and agrees that resignation from membership all advertisements and promotional materials identifying the applicant as a member of the association (including but not limited to the display of the ATRA logo) ceases to be displayed at the applicant's place of business, in any local telephone directories, business cards, brochures and/or any other type or kind of promotional communication, material, means or device.

❑ I HAVE READ, UNDERSTAND AND AGREE TO BE BOUND BY ATRA'S BY-LAWS AND THE CONDITIONS OF MEMBERSHIP INCLUDING BUT NOT LIMITED TO THE MEMBER ADVERTISING STANDARDS AND USE OF ASSOCIATION PROMOTIONAL MATERIALS LOGO AND EMBLEMS. I FURTHER UNDERSTAND THAT MY MEMBERSHIP APPLICATION IS UNDER REVIEW AND MY MEMBERSHIP IS IN A PROBATIONARY PERIOD FOR 30 DAYS WHILE PENDING REVIEW.

SIGNATURE _____ DATE _____