



MATA Committee & Committee Chair Application Form

Thank you for your interest to serve on an MATA Committee. Complete the information below and submit your application to secretary@mnata.com. Be sure to specify if you are applying for a committee chair position.

Applicant Full Name (first/middle/last) _____

Credentials _____

Employer _____

Job Title _____

Phone _____ Email _____

NATA Member # _____ *(If not an NATA member you must be an MATA member in good standing.)*

NPI # _____ MN Board of Medical Practice License # _____

BOC Certification Date _____ BOC # _____

Are you in good standing with the BOC? Yes No

Education

What MATA Committee are you interested in joining?

List your current and/or previous committee involvement at the state, district or NATA level.

Reason for your interest to serve on a committee. (This section should include information specifically required for the committee you are applying for.)

Signature of Applicant _____ **Date** _____