



MATA Committee & Committee Chair Application Form

Thank you for your interest to serve on an MATA Committee. Complete the information below and email your application to the chair of the committee you are applying to and secretary@mnata.com.

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** _____