



POST-EVENT REGISTRATION FORM

(to be submitted with member applications/renewals from your event)

ATA CLUB NUMBER: _____

CLUB NAME: _____

CONTACT PERSON: _____

ADDRESS (will be used as a shipping address): _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____

EMAIL: _____

HOW MANY NEW MEMBERS DID YOUR CLUB REGISTER? _____

HOW MANY RENEWAL MEMBERSHIPS DID YOUR CLUB COMPLETE? _____