

Iowa Interpreters and Translators Association



MEMBERSHIP APPLICATION

Please complete this form and send it, along with your check payable to IITA, to: IITA Membership, PO Box 12031, Des Moines, IA 50312.

To be classified as an Active Member, you must fulfill the requirements for Active Membership.

MEMBER PROFILE (Membership is individual; please give only your individual information)

Mr. Ms. Dr. Other: _____

First Name(s): _____ Middle Initial: _____

Last Name(s): _____

Business Name (if applicable): _____

Mailing Address: _____

Work Phone: (____) _____ Cell Phone: (____) _____

Home Phone: (____) _____ Pager: (____) _____

E-mail: _____

Website: _____

Are you an ATA member? Yes No NAJIT member? Yes No

If you answered Yes to being an **ATA** member, which category(ies)?

Active Associate Student Corporate Institutional Honorary

Working Languages: List a maximum of five language pairs in which you work.
Please check T (translate) and/or I (interpret) for each language pair.

1. _____ into _____ T I
2. _____ into _____ T I
3. _____ into _____ T I
4. _____ into _____ T I
5. _____ into _____ T I

Most fluent language: _____

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If you would like to participate in one of the following ongoing activities, please indicate:

- Events / Conference Committee
- Development / Fundraising Committee
- Communications / PR Committee
- Training / Certification Committee
- Newsletter / Mailing List
- Other (please specify): _____

If you have expertise or interest in other areas and would like to be contacted, please indicate:

- Literary Translation
- Public Relations and Client Education
- Non-profit governance
- Other (please specify): _____

Do you wish to be listed in the IITA Directory of Interpreters and Translators?

Yes No

I hereby apply for membership in the following classification. I agree to support the vision and mission of the Association.

(See the website for Frequently Asked Questions for info. on each membership class)

Active: \$50

(Please enclose proof of qualification for Active Membership; see the website for criteria)

Associate: \$35

Corresponding: \$35

Student: \$25

Memberships are valid through the calendar year.

Signature: _____ Date: _____

PAYMENT:

- Check/Money Order: Please make payable to IITA.
- Credit Card: Charge my VISA MasterCard

Card No.: _____ Expiration Date: _____

Name on Card: _____ Signature: _____

Billing Address (if different from above) _____

For office use only:

Rec'd: _____ AMT: _____ Check # _____ Authorization _____ ID: _____