

Iowa Interpreters and Translators Association

MEMBERSHIP APPLICATION

Please complete this form, print and *send* it to the address below together with your check or money order payable to *IITA*.

IITA Membership, PO Box 12031, Des Moines, IA 50312

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

Mr. Mrs. Ms. Dr. Other: _____

First Name(s): _____ Middle Initial: _____

Last Name(s): _____

Business Name (if applicable): _____

Mailing Address: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

Work Phone: (_____) _____

E-mail: _____

Website: _____

Working Languages: List a maximum of five language pairs in which you work.

	Source Language	into	Target Language	Translate	Interpret
1.	_____	into	_____	<input type="checkbox"/>	<input type="checkbox"/>
2.	_____	into	_____	<input type="checkbox"/>	<input type="checkbox"/>
3.	_____	into	_____	<input type="checkbox"/>	<input type="checkbox"/>
4.	_____	into	_____	<input type="checkbox"/>	<input type="checkbox"/>
5.	_____	into	_____	<input type="checkbox"/>	<input type="checkbox"/>

Dominant language: _____

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Certifications, Qualifications and Memberships in Related Professional Organizations:

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

Events / Conference

Development / Fundraising

Communications / Membership / PR

Training / Certification

Website / Newsletter / Mailing List

Finance

Other (please specify): _____

Do you want to be listed in IITA's online directory? Yes No

If yes, would you also like to include your contact information? Yes No

I hereby apply for membership the following classification. I agree to support the mission of the Iowa Interpreters and Translators Association, Inc.

(See website for frequently asked questions - "IITA FAQs" and also the "Membership" tab for information on each membership class; you may also contact us at info@iitanet.org with any questions.)

Active:	\$50	<i>(MUST fulfill the requirements for Active Membership. Please mail/e-mail proof of qualification; see website for criteria)</i>
Associate:	\$35	
Corresponding:	\$35	
Student:	\$25	<i>(Please mail/e-mail proof of student status)</i>

Memberships are valid for the CALENDAR YEAR, and are non-refundable and non-transferable.

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PAYMENT:

Please make your **check** or **money order** payable to **IITA**.

NOTE: **Credit card** payments will **not** be processed in person or by mail. Credit card payments are **only** possible **online** at the IITA website (<http://shop.iitanet.org/>).

Please send this completed form together with your check or money order to:

IITA Membership, PO Box 12031, Des Moines, IA 50312

For office use only:

Received: _____ Amount: _____ Check #: _____

Authorization: _____ ID: _____

Iowa Interpreters and Translators Association

Active Member Accreditation Form

Name of Active Member: _____ Date: _____

I hereby apply for Active Membership through the following:

(choose any/all that **currently** apply):

Translator currently certified by the American Translators Association (“ATA certified”)

Interpreter currently certified by:

- the Administrative Office of the United States Courts (“Federally certified”);
- the National Association of Judiciary Interpreters and Translators (“NAJIT certified”);
- the Registry of Interpreters for the Deaf (“RID”);
- any member state of the Consortium for State Court Interpreters Certification (“Consortium certified”);
- the National Board of Certification for Medical Interpreters (“CERTIFIED MEDICAL INTERPRETER”);
- the Certification Commission for Healthcare Interpreters (“CERTIFIED HEALTHCARE INTERPRETER™”)

Translator with **proof** of degree or certificate in translation **and two letters of reference** from a client or supervisor who can attest to your work

Interpreter with **proof** of degree or certificate in interpretation **and two letters of reference** from a client or supervisor who can attest to your work

Evidence of **full-time* work** as a **translator or interpreter** for the **last three years, or part-time** work** as a **translator or interpreter** for the **last six years:**

Three letters of reference from clients or supervisors who can attest to the above

*For purposes of qualification as an Active member under this criteria, full-time work as a translator or interpreter is defined as work in which a minimum average of 30 hours per week is spent providing actual translation or interpretation services.

**For purposes of qualification as an Active member under this criteria, part-time work as a translator or interpreter is defined as work in which a minimum average of at least 10 hours per week is spent providing actual translation or interpretation services.

NOTE: You MUST submit copies of the required supporting documentation with this form.

Questions? Contact the Active Membership Review Committee at info@iitanet.org

PO Box 12031, Des Moines, IA 50312 · Tel. 515-865-3873
e-mail: info@iitanet.org · website: www.iitanet.org