

# Iowa Interpreters and Translators Association 2019 MEMBERSHIP RENEWAL

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 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.

	<b>Source Language</b>	into	<b>Target Language</b>	<b>Translate</b>	<b>Interpret</b>
1.	_____	into	_____		
2.	_____	into	_____		
3.	_____	into	_____		
4.	_____	into	_____		
5.	_____	into	_____		

Dominant language: \_\_\_\_\_

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Certifications, Qualifications and Memberships in Related Professional Organizations:

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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 renewal in the following classification for the year 2019. I agree to support the mission of the Iowa Interpreters and Translators Association, Inc.***

*(If you are requesting a change in membership status, you must meet the qualification criteria for the new status sought. Please see the frequently asked questions - "IITA FAQs" and also the "Membership" tab on the website for details; you may also contact us at [info@iitanet.org](mailto:info@iitanet.org) with any questions.)*

Active:	\$50	<b><i>(MUST re-accredit eligibility for Active Membership EACH year. Please mail/e-mail re-accreditation form found on last page)</i></b>
Associate:	\$35	
Corresponding:	\$35	
Student:	\$25	<b><i>(Please mail/e-mail proof of student status)</i></b>

**Memberships are valid for the 2019 CALENDAR YEAR only, 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 Re-accréditation Form

### 2019 Renewal

Name of Active Member: \_\_\_\_\_ Date: \_\_\_\_\_

I hereby accredit my continued 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](mailto:info@iitanet.org)**