

Iowa Interpreters and Translators Association 2021 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.

	Source Language	into	Target Language	Translate	Interpret
1.	_____	into	_____		
2.	_____	into	_____		
3.	_____	into	_____		
4.	_____	into	_____		
5.	_____	into	_____		

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 renewal in the following classification for the year 2021.

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 with any questions.)

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

Memberships are valid for the 2021 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-accreditation Form

2021 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.

Re-accreditation of Active Membership is automatic if the member has continued certification in an organization approved by IITA. IITA, nevertheless, retains the right to verify the Active Member’s qualification via the submission of documentation.

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