

Iowa Interpreters and Translators Association, Inc.

2009 MEMBERSHIP RENEWAL



Please write your name on this form. If you have changes or additions to contact information, please make them directly on this form
Please complete this form and send it, along with your payment to:

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

Name: _____
Street Address: _____
City: _____
State: _____
Zip: _____

Work Phone: _____
Home Phone: _____
Cell Phone: _____
Pager: _____
Fax: _____

Business Name: _____
Website: _____

ATA Member: Yes No
NAJIT Member: Yes No
Iowa Roster of Court Interpreters:
Yes No

E-mail: _____

Dominant Language: _____

Working Languages:

Source Language	into	Target Language	Translate	Interpret
L1: _____		_____	<input type="checkbox"/>	<input type="checkbox"/>
L2: _____		_____	<input type="checkbox"/>	<input type="checkbox"/>
L3: _____		_____	<input type="checkbox"/>	<input type="checkbox"/>
L4: _____		_____	<input type="checkbox"/>	<input type="checkbox"/>
L5: _____		_____	<input type="checkbox"/>	<input type="checkbox"/>

Translate
Interpret

Committee Membership(s) (please indicate any others desired)

- Ethics
- Events
- Active Membership Review
- Finance
- Development
- Communications
- Training

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

- Yes No

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MEMBERSHIP RENEWAL:

NOTE: Active Members must re-accredit their eligibility for Active Membership each year. Please see the attached Active Member re-accreditation form.

If you are requesting a change in membership status, you must meet the qualification criteria for the new status sought. Please see attached Information Sheet and Frequently Asked Questions for details; you may also contact us at secretary@iitanet.org with your questions.

Active: \$50 (Please enclose Active Member re-accreditation form)
Associate: \$35
Corresponding: \$35
Student: \$25 (Please enclose proof of student status)

I hereby apply for membership renewal in the above classification for the year 2009. I agree to support the Articles of Incorporation and Bylaws of the Association.

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):

Memberships are valid through 2009, and are non-refundable and non-transferable

Questions/Comments: _____

For office use only:

Rec'd: _____ AMT: _____ Check No. _____ / Authorization: _____