

# 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:

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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 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 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](mailto:info@iitanet.org) with any questions.)*

- Active: \$50 ***(MUST fulfill the requirements for Active Membership. Please enclose proof of qualification and Accreditation form found on the website)***
- Associate: \$35
- Corresponding: \$35
- Student: \$25 ***(Please enclose proof of student status)***

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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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: \_\_\_\_\_