

Iowa Interpreters and Translators Association

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

Yes

No

I hereby apply for membership renewal in the following classification for the year 2012. 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 enclose re-accreditation form found on the website)</i> |
| Associate: | \$35 | |
| Corresponding: | \$35 | |
| Student: | \$25 | <i>(Please enclose 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: _____