

Association of Information Technology Professionals -- AITP Professional Membership Application

Please complete all sections of the application.
(PRINT OR TYPE LEGIBLY)

List your certifications _____

- Former Member
 Former Student Member
 Former Interim Member

Name: First _____ Middle Initial _____ Last _____

Employer Name: _____ Title _____ Dept/Div. _____

Employer Address: _____ City _____ State/Prov. _____ ZIP/Postal _____

Home Address: _____ City _____ State/Prov. _____ ZIP/Postal _____

Send Mail to: Home Company ***AITP does not sell or rent its mailing list.***

Business Phone: _____ Home Phone: _____ Fax: _____

E-Mail Address: _____

View the Chapter Dues Report to get the Association Dues

Association Dues: _____
 One Time Processing Fee for new members: 15.00
 Chapter Name _____ SUB-TOTAL \$ _____

Optional:
(Donation for the Foundation for IT Education, the Research and Development arm of AITP) \$ _____

Optional:
(AITP's Education Special Interest Group - EDSIG membership -- \$20.00) \$ _____

TOTAL \$ _____ Due with this Application. **Payment required in U.S. Dollars**

Committees: Active membership and committee participation go hand in hand. Indicate your preference for committee involvement:

<input type="checkbox"/> Membership	<input type="checkbox"/> Newsletter
<input type="checkbox"/> Programs & Seminars	<input type="checkbox"/> Web Portal
<input type="checkbox"/> Alliance	<input type="checkbox"/> Certification
<input type="checkbox"/> Student Chapters	<input type="checkbox"/> Finance
<input type="checkbox"/> Legislative Affairs	<input type="checkbox"/> Events
<input type="checkbox"/> Governance	<input type="checkbox"/> Publicity
<input type="checkbox"/> IT Education	<input type="checkbox"/> Other

Contributions or gifts to the Association of Information Technology Professionals (AITP dues) are not tax deductible as charitable contributions. However, they may be tax deductible as ordinary and necessary business expenses.

Specify Payment Method: Visa MasterCard American Express Check Money Order

Name on the credit card _____

Card Number _____ Expiration Date ____/____/____

I hereby apply for membership in AITP. I agree to comply with the requirements of the Bylaws and Code of Ethics and all regulations adopted by the Association of Information Technology Professionals.

Applicant's Signature _____ Date ____/____/____

Sponsor Name _____
 (Optional -- Print Legibly)

(Revised 2/1/2004)

Mail Completed Application with Payment to:

Association of Information Technology Professionals - PO Box 809189 - Chicago, IL 60680-9189