

Association of INFORMATION TECHNOLOGY PROFESSIONALS
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Interim Membership Application (Revised 11/1/02)

Former member of the AITP Student Chapter at:

	College or University	Membership Number
	Graduation Date	

The AITP Interim Member program continues your involvement in AITP with the advantages of the Professional AITP members but at **Reduced** Association fees. **Reduced** Association fees are as follows:

First year Post Graduation Interim Association dues: \$25.00

Second year Post Graduation Interim Association fee: \$35.00

Third year Post Graduation Interim Association fee: \$60.00

Student members have 12, 24 or 36 months from their graduation date or expiration of their student membership, whichever is the latter, to join as an Interim member at the first, second or third year dues amount.

(PRINT OR TYPE LEGIBLY)

Please complete all sections of the application Please List • Former Member

Your Certifications _____ •

Former Interim Member

Name: First	Middle Initial	Last
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Employer Name:	Your Title	Dept/Div.
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Employer Address:	City	State/Prov. Zip + 4/Postal
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Home Address:	City	State/Prov.	Zip + 4/Postal	
Send Mail to: • Home • Company	E-Mail Address: _____			

Business Phone: _____ Home Phone: _____

Fax: _____

AITP does not sell or rent its mailing list.

Please refer to AITP Dues Reference Guide for Chapter Dues and complete the following, or call the AITP Membership at 800.224.9371 for dues information.

PLEASE NOTE THAT YOU MAY ALSO JOIN ONLINE AT OUR WEBSITE: <WWW.AITP.ORG>

Association Dues: \$ _____ Specify Chapter

Selected: _____

Chapter Dues: \$ _____

One time Processing Fee: \$ Waived

SUB-TOTAL \$ _____

Optional:

Foundation for IT Education \$ _____ The Research and Development arm of

AITP

EDSIG \$ 20.00 AITP's Education Special Interest Group

SUB-TOTAL \$ _____

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

Dollars

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.

Payment Method: • Visa • MasterCard • 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.

Applicant's Signature _____

Date _____

Sponsor Name _____

(PRINT LEGIBLY)

Association of Information Technology Professionals

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