

AITP
Association of INFORMATION TECHNOLOGY PROFESSIONALS

EDSIG Only 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: Your title Dept./Div.

Employer Address: City State/Prov. Zip + 4/Postal

Home Address: City State/Prov. Zip + 4/Postal

Send Mail to: Home Company *AITP does not sell its membership list.*

Business Phone: _____ Home Phone: _____ Fax: _____

E-Mail Address: _____

A subscription to the *Journal of Information Systems Education* is included with your membership dues.

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

AITP does not sell or rent its mailing list.

EDSIG \$ 65.00 AITP's Education Special Interest Group

Optional:

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

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.

Specify 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 of Information Technology Professionals.

Applicant's Signature: _____ Date: _____

Sponsor's Name: _____

(PRINT LEGIBLY)

Association of Information Technology Professionals

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