



Interim Membership is available to all graduate AITP Student Chapter Members to assist them in their transition from the campus to the professional career world. This program was established so students may continue involvement in AITP with the advantages of the Professional AITP member but, at an affordable cost. An Interim Membership offers Professional Membership at significantly reduced fees for up to three (3) years following graduation.

INTERIM MEMBERSHIP APPLICATION

To be eligible for an Interim Membership, student members must make application prior to the expiration of their student membership to take advantage of the reduced rates for the first three years.

Please complete all sections of the application. (Print or Type Legibly)

AITP does not sell or rent its mailing list

Former AITP Student Chapter Member at: _____ College or University

AITP Student Membership #: _____ Graduation Date: _____ Faculty Advisor: _____

Name: First Middle Initial Last

Employer Job Title

Address Apt. No.

City State Zip

Business Phone Home Phone Fax

Cell Phone Email Address

Please refer to AITP Dues Reference Guide for Local Chapter Dues and complete the following, or contact AITP Membership for dues information.

Note: You may also join online at: www.aitp.org

Specify Chapter Selected: _____ Chapter #: _____

Association Dues: \$ _____ (enter amount for applicable year)

- First Year: \$ 35.00
- Second Year : \$ 45.00
- Third Year: \$ 70.00

Plus Local Chapter Dues: \$ _____ (enter dues for Chapter selected)

Optional:

Donation to Foundation for Information Technology Education (FITE) (Research and Development arm of AITP) \$ _____

Education Special Interest Group (EDSIG) Membership -- \$20.00 \$ _____ (enter \$20 for EDSIG)

TOTAL: \$ _____

Specify Payment Method: *Payment must be submitted with completed Application* Note: Contributions or gifts to the Association of Information Technology Professionals (AITP dues) are not tax deductible as charitable; however, may be tax deductible as ordinary and necessary business expenses.

VISA MasterCard American Express Check Money Order (Payment required in U.S. Dollars)

Name on Credit Card _____

Card Number _____ Expiration Date ____/____/____

I hereby apply for Interim 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 ____/____/____

Mail Completed Application with payment to:

Association of Information Technology Professionals - 3439 Paysphere Circle - Chicago, IL 60674
312-245-1070 * 800-224-9371 * FAX 312.673.6659* AITP_HQ@aitp.org * <http://www.aitp.org>