



# STUDENT MEMBERSHIP APPLICATION

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

Former AITP Student Chapter Member at: \_\_\_\_\_ College/University Former Student Chapter #: \_\_\_\_\_

Former AITP Student Membership #: \_\_\_\_\_ List Certifications: \_\_\_\_\_

**ALL INFORMATION MUST BE COMPLETED BEFORE THE APPLICATION CAN BE PROCESSED**

**Name of Applicant:**

First \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last \_\_\_\_\_

**College/University Information & Address:**

Name of College/University \_\_\_\_\_ AITP Student Chapter Number: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Permanent Information & Address:**

Address (Street, Apt #) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail address \_\_\_\_\_ Expected Graduation Date \_\_\_\_\_  
AITP does not sell or rent its mailing list.

**PLEASE NOTE THAT YOU MAY ALSO JOIN ONLINE AT OUR WEBSITE: <http://www.aitp.org>**

**Your Student Chapter, if you choose to join one, may have dues separate from AITP National Student Dues. Student Chapter Dues should be paid directly to the Student Chapter.** If a Student Chapter has yet to be formed at your institution, you may still enjoy member benefits as an At-Large National Association Member. There may be Professional Chapter activities in your area that you may be eligible to participate in as a Student Member. To find out if there is a Student Chapter at your institution or a Professional Chapter in your area, please search the list of Chapters at <http://www.aitp.org>.

*Contributions to Association of Information Technology Professionals (AITP dues) are not tax deductible as charitable; however, may be tax deductible as ordinary and necessary business expenses.*

**AITP National Student Dues are \$35.00, which is due with this Application. Payment required in U.S. Dollars**

Specify Payment Method: *Payment must be submitted with completed Application*

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

Name on Credit Card \_\_\_\_\_

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_/\_\_\_\_/20\_\_\_\_

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 \_\_\_\_/\_\_\_\_/20\_\_\_\_

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>