

Student Membership Application

Individual students whose degree major is consistent with their desire to enter the information processing field shall be eligible to become Student Members of the association. Student Members shall have all rights and privileges of membership in the association, except the rights to hold office and to vote outside their respective student chapter.

ALL INFORMATION MUST BE COMPLETED BEFORE THE APPLICATION CAN BE PROCESSED

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

Name of Applicant:

First _____ Middle Initial _____ Last _____

College/University Information & Address:

Name of College/University _____ AITP Student Chapter Number: _____

Address _____

City _____ State _____ Zip _____

Student's 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

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 ____/____/____

I hereby apply for Student 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>