

# Association of Information Technology Professionals -- AITP Professional 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: \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

City/State/ZIP/Country \_\_\_\_\_

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

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

## Sheboygan Chapter - 207

Association/Chapter Dues: \$125.00

Optional:  
(Donation for the Foundation for IT Education  
the Research and Development arm of AITP) \$ \_\_\_\_\_

Optional:  
(AITP's Education Special Interest Group -  
EDSIG membership -- \$20.00) \$ \_\_\_\_\_

TOTAL \$ \_\_\_\_\_ Due with this Application. Payment required in U.S. Dollars

AITP recruiting member name \_\_\_\_\_

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  American Express  Check  Money Order

Name on the credit card \_\_\_\_\_

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

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

(Printed: 07/31/2010)

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>