

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.

Northwest Arkansas Chapter - 380

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: 09/02/2010)

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>