



Professional Membership Application

AITP provides its members with the right tools and right information to achieve success and to share it with those who aspire to be the next generation of IT leaders. You may join online at www.aitp.org or complete this application and mail or fax it to AITP Headquarters.

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 _____

Business Phone _____ Home Phone _____ Fax _____

E-mail address _____ AITP does not sell or rent its mailing list

Local Chapter Name: _____ Local Chapter #: _____

Annual Dues: \$ _____

Optional:

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

Optional:

AITP Education Special Interest Group (EDSIG) membership -- \$20.00 \$ _____

TOTAL: \$ _____

Contributions or gifts to the Association of Information Technology Professionals (AITP dues) are non-deductible as charitable, but may be tax deductible as ordinary and necessary business expenses.

Note: Full payment must be submitted with completed application. Payment required in U.S. Dollars

Specify Payment Method: VISA MasterCard American Express Check Money Order

Name on 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____

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>