

AITP

Association of INFORMATION TECHNOLOGY PROFESSIONALS

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: _____ Your Title _____ Dept/Div. _____

Employer Address: _____ City _____ State/Prov. _____ Zip + 4/Postal _____

Home Address: _____ City _____ State/Prov. _____ Zip + 4/Postal _____

Send Mail to: Home Company *AITP does not sell it's membership list.*

Business Phone: _____ Home Phone: _____ Fax: _____

E-Mail Address: _____

Please refer to AITP Dues Reference Guide for Chapter Dues and complete the following, or call the AITP Membership at 800.224.9371 for dues information.

Association Dues: \$ 100.00
Region Dues: \$ _____
One time Processing Fee: \$ 15.00
SUB-TOTAL \$ 115.00

Specify Chapter Selected: 286

Return to: Big Country Chapter AITP
P.O. Box 538
Abilene, TX 79604

Optional:

Foundation for IT Education \$ _____ The Research and Development arm of AITP

EDSIG \$ 20.00 AITP's Education Special Interest Group

SUB-TOTAL \$ _____

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

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 Check Money Order

Name on the credit card _____

Card Number _____ Expiration Date _____

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 _____

Sponsor s Name _____

(PRINT LEGIBLY)

Association of Information Technology Professionals
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Chicago, IL 60694-3400

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