

# Application for Membership

Please complete this form and return it with the proper remittance to:

**American Translators Association**  
225 Reinekers Lane, Suite 590, Alexandria, VA 22314  
Telephone: (703) 683-6100 • Fax: (703) 683-6122

● **I hereby apply for membership in the American Translators Association:** *(please check one)*

**Associate Membership** - \$167.50\*

**Corporate Membership** - \$450\*

**Institutional Membership** - \$210\*

Requires documentation of nonprofit status.

**Student Membership** - \$90\*

Open to college and university students enrolled full-time or part-time in an undergraduate or graduate credit program related to translation or interpreting, including foreign language study. Student membership is limited to 4 years and requires current school transcript (in English) verifying student status.

● **In addition, I apply for membership in the following Division(s):** *(ATA membership is required for Division membership)*

**Chinese Language Division** - \$15 per year

**French Language Division** - \$15 per year

**German Language Division** - \$15 per year

**Interpreters Division** - \$15 per year

**Italian Language Division** - \$15 per year

**Japanese Language Division** - \$15 per year

**Literary Division** - \$15 per year

**Nordic Division** - \$15 per year

**Portuguese Language Division** - \$15 per year

**Slavic Languages Division** - \$15 per year

**Spanish Language Division** - \$15 per year

**Translation Company Division** - \$30 per year

● **International Postage for Non-U.S. Residents:**

Countries *except* Canada and Mexico - \$52.50

Canada and Mexico *only* - \$22.50

*\*Prorated membership includes the remainder of 2002 and all of 2003. Dues are nonrefundable and nontransferable.*

● **Applicant Information:** *(please print clearly using upper and lower-case lettering)*

Mr.  Mrs.  Ms.  Dr.:

First Name

Middle Initial

Last Name

*(Corporate/Institutional Applicants only)*

Name of Corporation/Institution: \_\_\_\_\_

Name of Contact Person: \_\_\_\_\_

Title: \_\_\_\_\_

**Address - Street:** \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_

**Telephone - Primary:** (\_\_\_\_) \_\_\_\_\_

Secondary: (\_\_\_\_) \_\_\_\_\_

Fax: (\_\_\_\_) \_\_\_\_\_

International Applicants: please include Country Code (\_\_\_\_) and City Code (\_\_\_\_)

**Email Address** (list *one* only): \_\_\_\_\_

**Website Address:** \_\_\_\_\_

**Do not list my:**  Primary  Secondary  Fax  Email Address in the *Membership Directory*.

Print the letter of your last name under which you wish to be listed in the *Membership Directory*: \_\_\_\_\_

**Native Language:** \_\_\_\_\_

**Native Country:** \_\_\_\_\_

I am a U.S. Citizen or permanent resident of the U.S.  Yes  No

**Applicant's Signature:** \_\_\_\_\_

How did you hear about ATA? \_\_\_\_\_

**Please check this box if you have ever been an ATA member**