

Applicant Information (continued)

Native Language _____

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

Applicant's Signature _____

Print the letter of your last name under which you wish to be listed in the online services and membership directories: _____

How did you hear about ATA? _____

I hereby apply for ATA Membership

Associate Membership

\$199 (1 year) **\$522** (3 years) *Save \$75!* \$ _____

Student Membership

\$87 (1 year) \$ _____

Institutional Membership

\$245 (1 year) **\$660** (3 years) *Save \$75!* \$ _____

Corporate Membership

\$362 (1 year) **\$1,010** (3 years) *Save \$75!* \$ _____

The ATA Chronicle (required)

Available in print and online. See sample at www.atanet.org/chron_sample.php. Select one option for how you would like to receive your copy. Select **1 year** or **3 years** to correspond with your membership selection.

Online copy only: **\$0** \$ _____

Online copy plus printed copy by mail:

U.S. Residents **\$0** \$ _____

Canada & Mexico *only* **\$15** (1 year) **\$45** (3 years) \$ _____

All other countries **\$35** (1 year) **\$105** (3 years) \$ _____

I also apply for the following ATA Division(s) (optional)

Join any Division at no additional cost!

- Arabic Language Division
- Audiovisual Division
- Chinese Language Division
- Dutch Language Division
- Educators Division
- French Language Division
- German Language Division
- Government Division
- Interpreters Division
- Italian Language Division
- Japanese Language Division
- Korean Language Division
- Language Technology Division
- Law Division
- Literary Division
- Medical Division
- Nordic Division
- Portuguese Language Division
- Science & Technology Division
- Slavic Languages Division
- Spanish Language Division
- Translation Company Division

Do Not List (optional)

Do not list the following in the *Directory of Members* or other online directories:

- Primary Telephone**
- Secondary Telephone**
- Email**

As an ATA member, I agree to abide by the ATA Code of Ethics and Professional Practice. View at www.atanet.org/governance/code_of_ethics.php.

Total Payment \$ _____

Select Payment Type

Credit Card: VISA MasterCard AMEX Discover

Credit Card Number _____ Security Code _____

Name on Card _____ Expiration Date _____

Signature _____

Check/Money Order: Make payable through a U.S. bank in U.S. funds to the American Translators Association.

Check Number: _____

Check Amount: _____

PayPal: To use PayPal, visit www.atanet.org/paypal.php for instructions.

Membership is based on a calendar year (January-December) and is non-refundable and non-transferable.

Dues are not deductible as a charitable contribution for federal tax purposes, but may be deductible as a business expense.

Please send payment and completed form to:

American Translators Association
225 Reinekers Lane, Suite 590
Alexandria, VA 22314 USA

If paying by credit card, you may fax form to: **+1-703-683-6122**

You can also choose to join online at: www.atanet.org/join_now.php

Thank You for Your Interest in ATA!

To learn more about ATA membership, please visit www.atanet.org or contact ATA at +1-703-683-6100 or ata@atanet.org

 **American Translators Association**
The Voice of Interpreters and Translators