

Website Address: _____

Native Language: _____

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

Applicant's Signature: _____

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

How did you hear about ATA? _____

Do not include my information on lists rented to qualified advertisers.

Do not send me ATA broadcast announcements via email. (Does not include payment confirmations or receipts.)

Do not list the following in the *Membership Directory*:

Primary Telephone

Fax

Secondary Telephone

Email Address

I hereby apply for ATA Membership

Associate Membership - \$145 \$ _____

Student Membership - \$80 \$ _____

Corporate Membership - \$300 \$ _____

Institutional Membership - \$180 \$ _____

Joint Membership - \$380 \$ _____

International Postage (required for membership)

Countries *except* Canada & Mexico - \$35 \$ _____

Canada & Mexico *only* - \$15 \$ _____

Membership Directory (optional)

Printed 2010 Membership Directory - \$25 \$ _____

The online *Membership Directory* is free to all members and is continuously updated and available throughout the year.

Note: Corporate and Joint members will receive a complimentary copy of the printed *Membership Directory*.

I also apply for the following ATA Division(s)

Join any division at no additional cost!

Chinese Language Division

French Language Division

German Language Division

Interpreters Division

Italian Language Division

Japanese Language Division

Korean Language Division

Language Technology Division

Literary Division

Medical Division

Nordic Division

Portuguese Language Division

Slavic Languages Division

Spanish Language Division

Translation Company Division

Note: As a member of an ATA Division, you will receive an electronic version of the division newsletter. To receive a printed version of the newsletter, please visit www.atanet.org/divisions/membership.php.

TOTAL PAYMENT: \$

Select Payment Type

Credit Card: VISA MasterCard American Express Discover

Card No. _____ Expiration Date: _____

Name on Card: _____ Verification No. _____

Signature: _____

Check/Money Order:

Make payable through a U.S. bank in U.S. funds to American Translators Association

Check Number: _____

Check Amount: _____

The publication cost of *The ATA Chronicle* magazine for one year (\$43) is included in membership dues. Dues are not deductible as a charitable contribution for federal tax purposes, but may be deductible as a business expense.

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

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/membapp.htm

For more information about ATA membership, please visit the ATA website at www.atanet.org or contact ATA at +1-703-683-6100 or ata@atanet.org.

