Student Membership Application (Revised 1/25/05)

Please complete all sections of the application. (PRINT OR TYPE LEGIBLY)

List your certifications _________________________________

Γ Former Student Member

College or University__________________________________________________________

Chapter Number ________________

Name: First     Middle Initial    Last

Address

City        State/Prov.        Zip + 4/Postal

Telephone Number    E-Mail Address    Expected Graduation Date

ALL INFORMATION MUST BE COMPLETED BEFORE THE APPLICATION CAN BE PROCESSED

PLEASE NOTE THAT YOU MAY ALSO JOIN ONLINE AT OUR WEBSITE: http://WWW.AITP.ORG

Your Student Chapter, if you choose to join one, may have dues separate from AITP National Student Dues. Student Chapter Dues should be paid directly to the Student Chapter. If a Student Chapter has yet to be formed at your institution, you may still enjoy member benefits as an At-Large National Association Member. There may be Professional Chapter activities in your area that you may be eligible to participate in as a Student Member.

To find out if there is a Student Chapter at your institution or a Professional Chapter in your area, please search the current list of Chapters at http://www.aitp.org.

AITP does not sell or rent its mailing list.

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.

AITP National Student Dues are $35.00, which is due with this Application. Payment required in U.S. Dollars

Specify Payment Method:  Γ Visa   Γ MasterCard   Γ American Express   Γ Check   Γ 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 __________________________

Association of Information Technology Professionals
3439 Paysphere Circle
Chicago, IL 60674

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