



Annual CIT Membership Application

Conference of Interpreter Trainers
November 1, 2007 – October 31, 2008

Director of Membership
Kellie L. Stewart
1 Purcell Drive
Chelmsford, MA 01824-4320

Please print all information clearly!

Today's Date: _____

Date Received: _____

Member's Information

Name: _____	
Address: _____ _____	
Home Ph#	v/tty
Work Ph#	v/tty
Fax # _____	
Email: _____	

Institutional Affiliation: _____
Website: _____

I would like to join the following committee: <i>Check one or more:</i>	
<input type="checkbox"/> By-laws	<input type="checkbox"/> Nominations
<input type="checkbox"/> Professional Development	<input type="checkbox"/> Grievance
<input type="checkbox"/> Communications	<input type="checkbox"/> External Liaison
<input type="checkbox"/> Standards	<input type="checkbox"/> Membership

Membership Categories:

Full Membership (Voting): *Teachers, Mentors, Workshop Presenters	\$100	_____
Associate Membership (Non-Voting): *Aspiring Teachers, Mentors, Presenters	\$ 75	_____
International Member: (Non-Voting): *Living outside of the US	\$ 40	_____
Retired Member (Non-Voting): *Retired Interpreter Educators	\$ 30	_____
Institutional Membership (Non-Voting): *Not for individuals	\$200	_____
Donation: (Please Select)	\$	_____
___ Convention Scholarship	___ General Fund	
TOTAL:	\$	_____

Payment Method:

___ Check or ___ Money Order	Check #: _____
<i>\$20 fee charged on all returned checks!</i>	
For Credit Card payments, register online at: www.cit-asl.org/join.html	

<u>NEW Members ONLY can pay PRO-RATED Dues!</u>	
November – January:	Pay full amount
February – April:	Pay 3/4 of dues
May – July:	Pay 1/2 of dues
August – October:	Pay full amount for membership valid to 10/31/2009

Office Use Only: 7/04

Date Entered: _____ DB, Stats, Web, Other: _____

Notes: