



Annual CIT Membership Application

Conference of Interpreter Trainers
November 1, 2009 – October 31, 2010

Please submit form to:
Doug Bowen-Bailey; CIT Webmaster;
728 E. 7th Street; Duluth, MN 55805

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: _____

Check the box to have this information public for directory.

Institutional Affiliation: _____

Website: _____

I would like to join the following committee:
Check one or more:

By-laws Nominations

Professional Development Grievance

Communications External Liaison

Standards 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 #: _____

\$20 fee charged on all returned checks!

For Credit Card payments, register online at:
www.cit-asl.org/join.html

NEW Members ONLY can pay PRO-RATED Dues!

| | |
|---------------------|--|
| 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 10/31/2011 |

Office Use Only: 7/04

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

Notes: