



Membership Form

May 1, _____ to April 30, _____

New membership Renewal

(Please print or type)

Name _____
(last) (first)

Address _____

Phone _____
(home) (work) (fax)

E-mail Address _____

Associate Member	Certified Member
I have passed the ATIS Admission Examination in the following languages: from _____ to _____	I have met CTTIC certification requirements <input type="checkbox"/> translation exam <input type="checkbox"/> interpretation <input type="checkbox"/> on dossier from _____ to _____

Please circle any part of the above information which you do not wish to appear in printed or electronic documents.

Membership Fees

Membership Category (check only one)	Membership Fees
<input type="checkbox"/> Certified (Individuals holding CTTIC certification)	\$ 125.00
<input type="checkbox"/> Associate (Individuals who have passed the ATIS Admission Examination)	\$ 85.00
<input type="checkbox"/> Affiliate (Individuals engaged in Visual Language Interpretation)	\$ 85.00
<input type="checkbox"/> Student (Enrolled in a university translation class. Does not include eligibility to vote)	\$ 15.00

STATEMENT:

My signature indicates that I have read and agree to adhere to the ATIS Code of Professional Ethics.

Signature: _____ Date: _____

Please mail this form, **along with your cheque payable to ATIS**, to:
ATIS, 2341 Broad Street, Regina, SK S4P 1Y9
For information call (306) 522-ATIS

Payment due May 31 each year