



The Midwest Association of Translators and Interpreters A Chapter of the American Translators Association

2012 Membership Application Form

Contact Information

Last Name* _____
First Name* _____ Middle Name/Initial _____
Business / Institution _____
Title _____
Address* _____
City* _____ State* _____ Zip/Postal Code* _____
Country* _____
Primary Phone* _____ Cellular Phone/Pager _____
Fax _____ Web Site _____
E-mail* _____

* Required information

Professional Information

Occupation Translator Interpreter Translation/Interpretation Instructor
Years of Experience 0-5 6-10 11-15 16-20 20+
Language Combination(s) _____
Dominant Language(s) _____

Credentials

Interpreting Certificates Medical Court Language combination(s) _____
Translation Certificates _____ Language combination(s) _____
Certification State Federal ATA AIIC RID CHI™ AHI™ NBCMI
Certification Language combination(s) _____
Education High School Undergraduate Graduate Doctoral
Affiliations ATA ATA Active NAJIT AIIC TTIG NCIHC IMIA
Other _____
CAT Tools _____
Areas of Specialization _____

I would like to volunteer for the following committee(s):
 Membership Communications Programs

Additional Comments _____

