



National Association of Judiciary Interpreters & Translators
 2002 Summit Blvd ▪ Suite 300 ▪ Atlanta, GA 30319
 Tel: 404-566-4705 ▪ Fax: 404-566-2301 ▪ www.najit.org

| MEMBERSHIP APPLICATION | | | | | | |
|---|------------------------------------|---|--|--|--|--------------|
| <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. | | Name: | | | | |
| Position Title: | | | | | | |
| Company Name: | | | | | | |
| <input type="checkbox"/> Home <input type="checkbox"/> Business | | Address: | | | | |
| City: | | | State: | | ZIP: | |
| Country: | | | | | | |
| <input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Cell | | Phone Number: | | | | |
| Email: | | | Website: | | | |
| MEMBERSHIP TYPE | | | | | | |
| <input type="checkbox"/> Active | <input type="checkbox"/> Associate | <input type="checkbox"/> Student (Student info required) | <input type="checkbox"/> Organization (non-profit) | <input type="checkbox"/> Corporate | <input type="checkbox"/> Corporate Sponsor | |
| | ACTIVE | ASSOCIATE | STUDENT | ORGANIZATION | CORPORATE | CORP SPONSOR |
| Dues | \$125 | \$105 | \$60 | \$250 | \$250 | \$500 |
| Suggested SSTI Donation | \$35 | \$25 | \$10 | \$65 | \$100 | \$100 |
| Total | \$160 | \$130 | \$70 | \$315 | \$350 | \$600 |
| PAYMENT DETAILS | | | | | | |
| Payment Method: | | <input type="checkbox"/> Check enclosed payable to NAJIT | | Credit Card: <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Amex | | |
| <input type="checkbox"/> Yes, I would like my membership to auto-renew each year (You will receive an email reminder) | | | | | | |
| Amount: \$ | | Card #: | | | | |
| Name on Card: | | | | | | |
| Billing Address: | | | | City: | | State: |
| Zip: | | CVV Code: | | | Exp. Date: / | |
| Signature: | | | | | | |
| STUDENT INFORMATION (REQUIRED FOR STUDENT MEMBERSHIP) | | | | | | |
| Program Name: | | | | | | |
| Name of School: | | | | | | |
| Student ID #: | | | | ID Expiration Date: | | |
|  Mail completed form with payment to: | | NAJIT 2002 Summit Blvd, Suite 300 Atlanta, GA 30319 | | | Phone: 404-566-4705 Fax: 404-566-2301 | |

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