



NITA

MEMBER NUMBER:

Nevada Interpreters and Translators Association

Membership Application

Last Name:

Please return completed
application to:

First Name:

M.I:

Company/Institution:

E-mail:

Website:

Address:

City:

State:

Zip Code:

Cell Phone:

Home Phone:

Fax Number:

Office Phone:

Languages:

Credentials/Certifications:

ATA

NCIHC

NAJIT

CHIA

STATE COURT

STATE DEP

OTHER

Academic Credentials:

I AM AN:
INTERPRETER
TRANSLATOR

I AM APPLYING FOR:
INDIVIDUAL/ACTIVE: \$35.00 \$35.00
CORPORATE/INSTITUTIONAL: \$75.00
STUDENT: \$25.00*

Total:

Payment Method:

I certify that the above information is correct and accurate to the best of my knowledge and belief. I agree to abide by NITA Code of Ethics and Professional Responsibilities.

Signature:

*In order to join NITA at the student rate you will have to complete one additional step: send us proof of student status. A photocopy of your current, valid, student ID or a dated letter from the institution where you study will be acceptable. Please either mail it to the NITA PO Box address or scan and email the file to the treasurer.