

ASSOCIATION OF MAINE INTERPRETERS AND TRANSLATORS

NEW MEMBER APPLICATION FORM for 2009/2010

Yearly membership fee is Tax Deductible.

Membership year runs from July 1 to June 30. April-June will be rolled into following year for new members.

Fee: \$15 for individual membership [ ]
\$10 for full time students [ ]

\$25 for households of 2 (one mailing) [ ]
\$15 for "friend of" or supporting member [ ]

Today's date: \_\_\_\_\_

[ ] Check, if you don't want your personal information to be published on the Internet, (i.e. home address, home phone, Cell phone, please specify). \_\_\_\_\_

Home [ ] Work [ ] Please check box where you prefer to receive your AMIT correspondence.

1. PERSONAL DATA

Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (MI) \_\_\_\_\_ Gender: M [ ] F [ ]

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

(Cell Phone) \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Web site (personal or own business) \_\_\_\_\_

Place of Birth (City and Country): \_\_\_\_\_

Citizenship: \_\_\_\_\_

2. WORK DATA

Occupation: \_\_\_\_\_

Company/Institution: \_\_\_\_\_

Dept: \_\_\_\_\_

Job Title or description: \_\_\_\_\_

Work Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Web site: \_\_\_\_\_

4. Reason for joining: \_\_\_\_\_

(You may be a supporting member or work with interpreters and translators in a supervisory or project manager position, or something else, but not be a translator per se.)

3. EDUCATION

High School [ ] Associate [ ] Undergraduate [ ] Graduate [ ] Doctorate [ ]

Other Educational Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Please feel free to attach a resume if you have one available.)

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**4. LINGUISTIC DATA**

**Primary Language:** \_\_\_\_\_

**Second (or more) language(s)** \_\_\_\_\_

**Are you primarily an interpreter, translator, both, or other?** \_\_\_\_\_

**Languages you are qualified to translate or interpret:** \_\_\_\_\_

(If you are a non-translating member, skip this question and the next one.)

**Direction for translation, i.e. Spanish *into* English or English *into* Spanish:** \_\_\_\_\_

**How you acquired the language:** \_\_\_\_\_

**Certification with language pairs: (Please list any certifications you have for translating or interpreting.)** \_\_\_\_\_

**Areas of specialty in translating and interpreting:** \_\_\_\_\_

**Experience (years) translating or interpreting:** \_\_\_\_\_

**Amount of time spent in foreign countries or in country of your birth if not the U.S.:** \_\_\_\_\_

**5. SPECIAL SKILLS**

**Do you have a particular area of expertise that would lend itself to a presentation or workshop?** \_\_\_\_\_

**Are you interested in donating any time/skills to AMIT to help the organization?** \_\_\_\_\_

**6. AFFILIATIONS AND MEMBERSHIPS**

**Please list any groups or organizations you belong to that are language related or may be of interest to the members of AMIT.** \_\_\_\_\_

**7. SUB-CHAPTERS**

**If you are joining AMIT with the intention of immediately joining a sub-chapter, please list the name of the Sub-Chapter and where it meets.** \_\_\_\_\_

**Please sign here indicating that one half of your yearly membership dues be turned over to your Sub-chapter.** \_\_\_\_\_

*Only approved sub-chapters will be honored. Make your entire payment to AMIT and send to address below.*

**Please make checks payable to AMIT  
Send to: Suzanne Becque, 585 East Side Road, Hancock, ME 04640**