

ASSOCIATION OF MAINE INTERPRETERS AND TRANSLATORS

NEW MEMBER APPLICATION FORM

Membership year runs from January 1 to December 30.
September through December will be rolled into following
year for new members enrolling in those months.

Yearly membership fee is Tax Deductible.

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**