

EL PASO INTERPRETERS AND TRANSLATORS ASSOCIATION

APPLICATION FOR MEMBERSHIP

Date of Application:			Birthday: Month Day			
Full Name:						
Address (will not app	ear on public roster):					
City:			State:		_ Zip Code:	
Phone:						
E-Mail Address:						
Practicing As:	As: [] Interpreter & Translator [] Interpreter only [] Translator only [] Student					
Works As: [] Freelancer [] Staff-Limited Availability				Independent C	Contractor	
	If Staff, who	ere?				
Language Combi	ination(s)					
From Into		:	; From		Into	
From Into			; From		Into	
[] Art and Humanities [] Li [] Industry and Technology [] Er		AREAS OF [] Literature [] Engineering	ngineering [] Agricultur		[] Law [] Biology	
[] Computer Science		[] Immigration	[] Medici	ine/Healthcare	[] Physical Science	
	ОТІ	HER TRANSLATION, EDUCATION/EXE			VANT	
Your signature be	elow certifies the	nat the information you	provide on this	s application is	s true and correct.	
Signature:						
MEMBERSHIP		DUAL \$30.00 (Voting ESS/INSTITUTIONS			110.00 (Voting member)	
PLEASE MAKE YOUR CHECK PAYABLE TO EPITA – Mail to:				P.O. B	EPITA, Membership Director P.O. Box 12545 El Paso, TX 79912	
FOR EPITA USI		CHECK No H:				