



Membership Application Form

To apply for WITS membership, please complete the following form and mail it with your payment.

Check one:

- New member
- Returning/renewing member

First name: **Last name:**

Mailing address:

City: **State:** **Zip:** -

Work phone: **Home phone:**

Fax: **Pager:** **Cell phone:**

Email address: **Most fluent Language:**

Working Languages (In order of proficiency):

- (1)
- (2)
- (3)
- (4)
- (5)

NOTE: We must receive payment to activate your membership.

- Joint with NOTIS: \$70.00
- Individual: \$45.00
- Supporting: \$50.00
- Full-time student: \$15.00
- Institutional/Corporate: \$90.00

Please mail with check in US funds payable to WITS to:

WITS
PO Box 1012
Seattle WA 98111-1012

Thank you very much!