

**The Newspaper Guild/Communications Workers of America (AFL-CIO)
THE TRANSLATORS AND INTERPRETERS GUILD (TTIG) 32100
MEMBERSHIP APPLICATION**

First/Last Name _____
Given Surname(s) Date of Birth Gender

Home Address _____
Street City State Zipcode

Work Address _____
Street City State Zipcode

Phones _____
Home Phone Work Phone Fax Phone

Which address for mailings? Home Work Email: _____
May we include you on a membership list? Yes No

I am applying for Regular Membership (\$14.50/month; \$43.50/quarter; \$174/year)
 Associate (Student/Educator – include photocopy of current school ID) (\$87/year)
 Affiliate (TNG sibling local member – include photocopy of ID & card) (\$87/year)

Date _____ Signature _____
(over)

TTIG Membership Application (Side 2)

Native Language _____

Other Languages _____

I am a Translator an Interpreter Both and/or Other: _____

I am interested in serving on the following committees: Membership Mentoring Policy Resources

Please return this application with your check for initiation fee plus dues amount that applies to you:

- Full TTIG membership initial dues payment is 3 months (\$43.50/quarter + \$10.00 initiation)
- Associate TTIG membership initial dues payment is 3 months (\$21.75/quarter + \$10.00 initiation)
- Affiliate TTIG membership initial dues payment is 3 months (\$21.75/quarter + \$10.00 initiation)

Amount (quarter):	Membership Type:
<input type="checkbox"/> \$43.50	Full Membership (\$14.50/month; \$43.50/quarter; \$174/year)
<input type="checkbox"/> \$21.75	Associate (Student/Educator – w/photocopy of current school ID) (\$87/year)
<input type="checkbox"/> \$21.75	Affiliate (TNG sibling local member – w/photocopy of ID & card) (\$87/year)

Please send a check with dues amount indicated above, plus initiation fee and your completed application to:
TTIG, Local 32100
P. O. Box 77624
Washington DC 20013- 8624