

AITP
ASSOCIATION of INFORMATION TECHNOLOGY PROFESSIONALS

Student Membership Application (Revised 11/23/03)

Please complete all sections of the application.
(PRINT OR TYPE LEGIBLY)

Former Student Member

College or University: University of Wisconsin - Stevens Point

Chapter Number: 5160

Name: First _____ Middle Initial _____ Last _____

Mailing Address

City _____ State/Prov. _____ Zip + 4/Postal _____

Permanent Address

City _____ State/Prov. _____ Zip + 4/Postal _____

Telephone Number _____ E-Mail Address _____ Expected Graduation Date _____

ALL INFORMATION MUST BE COMPLETED BEFORE THE APPLICATION CAN BE PROCESSED

AITP does not sell or rent its mailing list.

AITP National Student Dues are **\$40.00**, which is due with this Application.

Specify Payment Method: Check Money Order

Please make checks payable to: **"UWSP AITP"**

I hereby apply for membership in AITP. I agree to comply with the requirements of the Bylaws and Code of Ethics and all regulations adopted by the Association of Information Technology Professionals.

Applicant's Signature _____ Date _____

Association of Information Technology Professionals
University of Wisconsin - Stevens Point
Stevens Point, WI 54481

● aitp@uwsp.edu ● www.uwsp.edu/stuorg/aitp