

AITP
Association of Information Technology Professionals

Student Membership Application (Revised 09/14/2009)

TYPE OR PRINT LEGIBLY

School: **Middle Tennessee State University**

Chapter Number: **7005**

Name: First _____ Middle _____ Last _____

Mailing Address _____

City _____ State _____ Zip Code _____

Permanent Address (June through August) _____

City _____ State _____ Zip Code _____

Telephone Number _____ Email Address _____ Expected Graduation Date _____

Remit \$50.00, made payable to **AITP**.

Applicant's Signature _____ Date _____

Please return to the CIS office (N331) with check or cash.

For AITP Headquarters Use

Chapter Number _____

Member Number _____

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Chicago, IL 60674
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