

**AITP**  
**Association of Information Technology Professionals**

**Student Membership Application (Revised 10/24/2014)**

**TYPE OR PRINT LEGIBLY**

School: **Middle Tennessee State University**

Chapter Number: **7005**

**Please check one:**     New Membership             Membership Renewal

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 Dr. Shotwell's office (N337), Dr. Brooks's office (N349), or the CIS office (N333).***

**For AITP Headquarters Use**

Chapter Number \_\_\_\_\_

Member Number \_\_\_\_\_

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Chicago, IL 60674  
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