



Please complete this form and send it,
along with your check payable to WITS at:

WITS
PO Box 1012
Seattle, WA 98111-1012

MEMBERSHIP APPLICATION FORM

Name _____

Address _____

City _____

State _____ Zip _____

Work phone : _____ Home phone: _____

Cell phone: _____ Fax: _____

e-mail _____

My enclosed renewal payment is for membership in the following category.

- | | |
|---|--|
| <input type="checkbox"/> Individual \$45 | <input type="checkbox"/> Individual (NOTIS member discount) \$40 |
| <input type="checkbox"/> Corporate \$90 | <input type="checkbox"/> Student (full-time) \$15 |
| <input type="checkbox"/> Institutional \$45 | |

REMINDER: Did you know that you or your business or institution can be listed in WITS Online Directory? Go to www.witsnet.org under .ITS Membership and select the appropriate Directory Listing Form (individual, corporate, or institutional) to submit it online or by mail.

- I wish to receive *The Northwest Linguist* as a paper newsletter by regular mail.
 I DO NOT wish to receive *The Northwest Linguist* by mail. I prefer the electronic version only.

Please check WITS Committee(s) in which you participate or would like to participate:

- | | |
|--|--|
| <input type="checkbox"/> Programs and Education | <input type="checkbox"/> Advocacy |
| <input type="checkbox"/> Membership | <input type="checkbox"/> Outreach/Public Relations |
| <input type="checkbox"/> Newsletter & Publications | <input type="checkbox"/> Regional Liaisons |
| <input type="checkbox"/> Nominations and Elections | <input type="checkbox"/> Grievances |

Signature: _____

Date: _____