



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

WITS
PO Box 1012
Seattle, WA 98111-1012

MEMBERSHIP RENEWAL 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: _____