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MEMBERSHIP APPLICATION

Last Name: _____

First Name: _____ Middle Initial: _____

Business Name: _____

Address: _____

Phone: () _____ Fax: () _____

Mobile: () _____

E-mail: _____

LANGUAGES (native language first):

CREDENTIALS:

- Federal Certification
- State Certification (which) _____
- NAJIT Certification
- ATA Accreditation
- Continuing Interpreter Education
- Other (specify) _____

References:

I certify that the above information is correct to the best of my knowledge.

Signature

Date

Check this box if you wish your ***phone number*** and ***city*** listed on CCIO website:

DUES

- Individual - \$50 Student - \$25* Institution - \$75

Please make check or money order payable to CCIO.
Members may deduct dues payments as an ordinary and necessary business expense as allowed under IRS Code.

**If you are a student, please provide proof of enrollment for the term during which you wish to become a CCIO member.*

Please return completed application and payment to:

CCIO
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