

AITP
Association of INFORMATION TECHNOLOGY PROFESSIONALS

Student Membership Application- Villanova University Student Chapter

Please complete all sections of the application.
(PRINT OR TYPE LEGIBLY)

List your certifications _____

Former Student Member

College or University **Villanova University**

Student Chapter Number: **11069**

Name: First _____

Middle Initial _____

Last _____

Mailing Address _____

City _____

State/Prov. _____

Zip + 4/Postal _____

Permanent Address _____

City _____

State/Prov. _____

Zip + 4/Postal _____

Telephone Number _____

E-Mail Address _____

Expected Graduation Date _____

ALL INFORMATION MUST BE COMPLETED BEFORE THE APPLICATION CAN BE PROCESSED

PLEASE NOTE THAT YOU MAY ALSO JOIN ONLINE AT OUR WEBSITE: <WWW.AITP.ORG>

The local student chapter dues are paid directly to the Student Chapter.

Contributions or gifts to the Association of Information Technology Professionals (AITP dues) are not tax deductible as charitable contributions. However, they may be tax deductible as ordinary and necessary business expenses.

AITP National Student Chapter dues are **\$25.00** which is due with this Application. **Payment required in U.S. Dollars**

Specify Payment Method: Visa MasterCard Check Money Order

Name on the credit card _____

Card Number _____ Expiration Date _____

I hereby apply for membership in AITP. I agree to comply with the requirements of the Bylaws and Code of Ethics and all regulations adopted by the Association of Information Technology Professionals.

Applicant's Signature _____ Date _____

Association of Information Technology Professionals
33405 Treasury Center
Chicago, IL 60694-3400

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