



**NEW ENGLAND TRAINED INTERPRETERS ASSOCIATION
APPLICATION FOR MEMBERSHIP**

Date _____

Mr./Mrs./Miss/Ms. _____

Address _____

City _____ State _____ Zip Code _____ E-mail _____

Telephone: Home () _____ Work () _____ Cell () _____

Native language: _____ Other language(s) spoken: _____
(Please do not include English)

Training attended and dates: _____

**Membership runs from January 1 to December 31
Please submit your payment by February 28, 2010.**

_____ \$25.00 **ACTIVE MEMBERSHIP:** For trained interpreters. This membership provides ID card, access to the “Members only area” on the website and full voting rights.

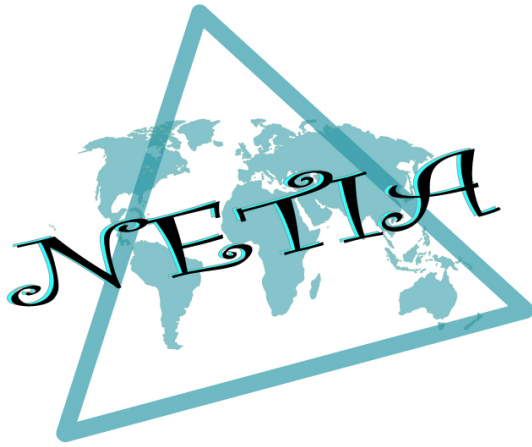
_____ \$15.00 **STUDENT MEMBERSHIP:** For students at an accredited institution of higher education considering a career as a professional interpreter and/or currently attending interpretation classes. This membership provides ID card, access to the “Members only area” on the website but no voting rights.

_____ \$200.00 **CORPORATE MEMBERSHIP:** For any entity (organization, association, corporation, etc.) having interest in interpreting/translating, whose membership shall be in the name of said entity. This membership will enjoy the privilege of posting trainings your entity offers or other resources of interest to the “Members only area” on the NETIA website. This membership does not provide voting privileges.

_____ Free **VISITOR MEMBERSHIP:** One-time free attendance for individuals considering joining the association.

Please send:

- 1) This completed application form.**
- 2) A copy of the certificate or diploma of completion of your medical / legal interpretation training.**
- 3) The attached Acknowledgement form, signed and dated.**
- 4) A check/money order payable to: SNH AHEC (write “For NETIA” at the bottom) to: Florentina DInu, NETIA Treasurer, c/o SNH AHEC, 128 State Route 27, Raymond NH 03077.**



CODE OF ETHICS FOR INTERPRETERS
Acknowledgement Form

I hereby certify that I have received, read and understood the Code of Professional Practice. By signing, I agree that I will abide by all NETIA rules and standards including the Code of Professional Practice, as it is defined by the association's current bylaws. A copy of the Code of Professional Practice is also available at www.netiaonline.org

Name: _____ Date: _____

Signed: _____ Language(s): _____