

ACIA

Arizona Court Interpreters Association
162 West Myrna Lane
Tempe, Arizona 85284

Application for NEW Membership

PLEASE INDICATE WITH AN ASTERISK (*) ANY DATA YOU DO NOT WISH PUBLISHED ON OUR WEBSITE
OR IN OUR MEMBERSHIP DIRECTORY; SECTIONS SHADED IN PINK ARE REQUIRED FOR PROCESSING.

Date of Application:

Personal Data

Last Name:		First Name:	
Home Address:			
	Number/Street ↑	City ↑	Zip Code ↑
Work Address			
	Number/Street ↑	City ↑	Zip Code ↑
Home Telephone #(s)			
Work Telephone #(s)			
Cellular Telephone # (s)			
E-Mail Address(es)			
LANGUAGE COMBINATIONS (ENGLISH MUST APPEAR IN AT LEAST ONE OF THE COMBINATIONS)	Primary or "A" Language	Secondary or "B" Language	Passive or "C" Language

Employment Data

PLEASE LIST THE COURTS, AGENCIES OR OTHER GOVERNMENT BODY BY WHOM YOU ARE CURRENTLY CONTRACTED OR EMPLOYED OR THE NAME OF YOUR OWN LANGUAGE-SERVICES AGENCY ALSO INDICATE YOUR EMPLOYMENT STATUS (FULL- TIME, PART-TIME, ON-CALL)		
	ENTITY PLEASE NOTE THE NAMES OF THE ORGANIZATIONS OR GOVERNMENT OFFICES	WORK STATUS [FULL-TIME STAFF, ON-CALL, PART-TIME, ETC.]
	ENTITY	STATUS
	ENTITY	STATUS
ENTITY	STATUS	
ENTITY	STATUS	

Academic Data				
PLEASE LIST THE COLLEGES OR UNIVERSITIES YOU HAVE ATTENDED, SUBJECT AREAS, THE DEGREE GRANTED AND THE YEAR OF ITS GRANT; IF NO DEGREE GRANTED, PLEASE NOTE "NONE GRANTED"				
	institution		subject	degree
	institution		subject	degree
OTHER PROFESSIONAL TRAINING LIST ANY OTHER TRANSLATION OR INTERPRETING STUDY PROGRAM NOT A DEGREE PROGRAM [IF NONE, MARK "NONE"]				
	institution		subject	credential
	institution		subject	credential
Professional Credentials				
EMPLOYMENT TESTING LIST ANY EXAMINATION TAKEN AND PASSED AS A REQUIREMENT FOR EMPLOYMENT AS AN INTERPRETER [IF NONE, MARK "NONE"]				
	employer administering exam		subject of exam	position for which you were examined
	employer administering exam		subject of exam	position for which you were examined
PROFESSIONAL CERTIFICATION OR LICENSING ISSUED BY A RECOGNIZED ORGANIZATION OR ACADEMIC INSTITUTION [IF NONE, MARK "NONE"]				
	certifying entity		certification as?	name of credential
	certifying entity		certification as?	name of credential
PROFESSIONAL INTERPRETING EXPERIENCE LIST THE SUBJECT AREA (COURT, MEDICAL, CONFERENCE, ESCORT, ETC.) AND THE FORUM IN WHICH YOU HAVE PRACTICED [IF NONE, MARK "NONE"]				
	subject area		forum of practice	
	subject area		forum of practice	
PROFESSIONAL TRANSLATION EXPERIENCE LIST THE SUBJECT AREAS, NATURE OF TEXTS TRANSLATED, TITLES, ETC. AND LANGUAGE DIRECTION				
	subject		text	language direction
	subject		text	language direction
Membership Status Requested (indicate one)	Active	Annual Dues: \$50:		Active membership is reserved for members currently working in the profession of interpreting and/or translation. Active members must attend at least 2 association events during the membership year to maintain active status for following year. Associate members are either students and/or those interested in the profession. Associate members do not have voting rights in ACIA elections or other business and are not obligated to attend 2 meetings.
	Associate	Annual Dues: \$30		
Association Use only	check offered		awaiting approval	approved as member #