

# ACIA

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

## Application for Membership Renewal

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	
<b>Membership Status Requested (indicate one)</b>	Active	Annual Dues: \$50:		<b>Active membership</b> is reserved for members currently working in the profession of interpreting and/or translation. <b>Active members must attend at least 2 association events during the membership year to maintain active status for following year.</b> <b>Associate members</b> 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		
<b>Association Use only</b>	check offered		awaiting approval	approved as member #