



## Membership Application / Renewal Form

**Please complete this PDF form on your computer.** If you can save the form with your information, please send it as an attachment to the above email address. If you cannot save the form, please complete before printing it, and either: a) mail it to the above address; b) fax it to the above fax number; or c) scan it and send as an attachment to the above email address. **If paying dues by money order or U.S. check, please send payment to the above mailing address.**

### Name

Preferred Title (if any) \_\_\_\_\_  
 (i.e., Ms., Mrs., Mr., or Dr.)  
 First Name \_\_\_\_\_  
 Middle Initial(s) \_\_\_\_\_  
 Last Name \_\_\_\_\_

### Credentials

TA Credentials (if any) \_\_\_\_\_  
 (Please list credential and field of specialization  
 i.e., CTA-P, STA-O, PTSTA-E, TSTA-C, etc.)  
 Other Credentials (if any) \_\_\_\_\_

### Primary Contact Information

Address1 \_\_\_\_\_  
 Address2 \_\_\_\_\_  
 Address3 \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_  
 Postal Code \_\_\_\_\_  
 Country \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Fax \_\_\_\_\_  
 Primary Email \_\_\_\_\_

### ITAA Membership Category & Annual Dues

(select one)

Category	Dues
Full	<input type="checkbox"/> \$185/year
Supporting	<input type="checkbox"/> \$135/year
Retired	<input type="checkbox"/> \$120/year
Student*	<input type="checkbox"/> \$ 90/year

\* Student members must complete a verification form.

### Contributing to the ITAA Funds

I would like to donate the follow amount(s):

**Talent Scholarship Fund** \$ \_\_\_\_\_

*Making ITAA membership affordable around the world*

**Scholarship Grant Fund** \$ \_\_\_\_\_

*Supporting ongoing training in transactional analysis*

**Eric Berne Fund for the Future** \$ \_\_\_\_\_

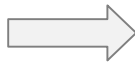
*Funding research and the ongoing development of transactional analysis*

### Payment

Annual Dues \$ \_\_\_\_\_

Donation(s) \$ \_\_\_\_\_

**Total** \$ \_\_\_\_\_



I will pay by money order or U.S. check mailed to above address.

I will pay by credit card (my information provided below).

### Credit Card Information

Card type  Visa  Master Card  
 Amex  Discover

Name on Card \_\_\_\_\_

Card No \_\_\_\_\_

Expiration (month/year) \_\_\_\_/\_\_\_\_

Security Code \_\_\_\_\_

### Billing Email (required for credit card payments)

Same as Primary Email  
 or if different \_\_\_\_\_

### Billing Address Same as Mailing Address

Address1 \_\_\_\_\_

Address2 \_\_\_\_\_

Address3 \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Postal Code \_\_\_\_\_

Country \_\_\_\_\_