



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	TAlent 2 Scholarship**
Full	<input type="checkbox"/> \$160/year	<input type="checkbox"/> \$74
Supporting	<input type="checkbox"/> \$110/year	<input type="checkbox"/> \$51
Retired	<input type="checkbox"/> \$ 99/year	<input type="checkbox"/> \$51
Student*	<input type="checkbox"/> \$ 90/year	<input type="checkbox"/> \$42

* Student members must complete a verification form.

** The TAlent Scholarship rates are made available to members for whom regular dues represent a hardship. If you are able to pay the full dues amount, you will help make ITAA membership accessible to more members in your country.

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 _____