



Membership Signup

**International Test and Evaluation Association
Application for Membership (Individual)**

		Date _____
Name _____		
Last	First	Initial
_____ Mr. _____ Mrs. _____ Ms. _____ Miss _____ Dr. _____ Other		
Preferred Mailing Address _____ Work _____ Home Email: _____		
Company/Organization _____		
Title _____		
Street _____		
City _____	State _____	Zip _____ Country _____
Office Telephone (Country Code and Area Code) _____		
Fax Number (Country Code and Area Code) _____		
Home Address _____		
Street _____		
City _____	State _____	Zip _____ Country _____
Home Telephone (Country Code and Area Code) _____		
_____ Industry _____ Military _____ U.S. Government _____ Academia		
<p>Annual membership dues are \$45 (payable in U.S. dollars) for individuals and \$25 for full-time students. Overseas addresses require an additional \$20 for postage. Annual dues include a one-year subscription to <i>The ITEA Journal of Test and Evaluation</i>.</p>		
<ul style="list-style-type: none"> ▪ _____ Check payable in U.S. dollars to: International Test and Evaluation Association _____ Credit card (Circle One) American Express VISA Mastercard 		
Card Number _____		Expiration Date _____
Signature _____		Date _____

Individual Membership Application Form

Return Payment to

Internation Test & Evaluation Association
4400 Fair Lakes Court, Suite 104
Fairfax, VA 22033-3811
Office: 703.631.6220
Fax: 703.631.6221