



COLORADO ASSOCIATION OF PROFESSIONAL INTERPRETERS

MEMBERSHIP FORM '08

New Member Renewing Member

Member Number _____

PERSONAL INFORMATION (If you are a renewing member, please fill in your name and only the information that has changed.)

Last Name		First Name	Middle Initial
Street Address			
City		State	Zip Code
Company Name (if self-employed)			
Main Contact Number		Secondary Contact Number:	
Email		Website	

INTERPRETER Full Time Part Time

Languages: _____ from/into _____
_____ from/into _____

TRANSLATOR Full Time Part Time
(IF APPLICABLE)

Languages: _____ from/into _____
_____ from/into _____

AREAS OF SPECIALIZATION

- | | | |
|--|--|---|
| <input type="checkbox"/> Arts & Humanities | <input type="checkbox"/> Business | <input type="checkbox"/> Computers |
| <input type="checkbox"/> Engineering | <input type="checkbox"/> Entertainment | <input type="checkbox"/> Industrial & Technical |
| <input type="checkbox"/> Law | <input type="checkbox"/> Medical | <input type="checkbox"/> Other, specify _____ |
| <input type="checkbox"/> Science | <input type="checkbox"/> Social Sciences | |

CERTIFICATION Federal Consortium Denver Other (please specify) :

ASSOCIATION MEMBERSHIPS

OTHER SERVICES

AREA OF SERVICE Front Range Denver Metro Colorado Springs Mountain Towns
 Other _____

AUTHORIZATION

YES NO I hereby authorize CAPI to publish and distribute this information in the Directory of CAPI Members, as well as on the CAPI website

Please do not list my Address; email; Telephone number.

Failure to check the previous boxes will result in the automatic publication of your information.

MEMBERSHIP & DUES Type of Membership: Individual 2008 (\$45 yearly) Organization 2008 (\$150 yearly)

Please make check payable to CAPI and return with this Membership Form to the CAPI Treasurer or mail to CAPI, P.O. Box 40664, Denver, CO 80204

SIGNATURE

INTERNAL USE, PLEASE LEAVE BLANK