



Please note that once your membership application has been approved, you may log into your membership profile at <http://www.imiaweb.org/members/profile.asp> with your primary email address and chosen password (to be entered below). The on line membership profile provides an opportunity for you to share more detailed information about yourself, and to choose your email correspondence preferences – we highly recommend that you log on to complete the more comprehensive on line profile.

Please type or print clearly (\* indicates required field).

## Individual Membership Categories

- ACTIVE:** members shall be professional medical interpreters currently engaged in the delivery of interpreting services in a medical setting. Active members are required to participate at least in one IMIA activity yearly (in person or over the phone - open calls) in order to maintain an active membership. In addition, dues must be paid. Active members are eligible to vote, hold office and chair committees.

\*Are you primarily a telephone interpreter?  Yes  No

- ASSOCIATE:** members shall be individuals other than medical interpreters who support the mission of the organization. Associate members can participate in activities of the association and may serve on committees but are excluded from voting and holding office.

- PROVIDER:** members shall be professionals who help in identifying or preventing or treating illness or disability. This includes physicians, specialists, alternative health care practitioners, nurses, nurse assistants, medical assistants, nutritionists, clinical social workers, hospitalists, pharmacists, physician assistants, and other health care professionals.

\* Do you provide interpreter training services as an instructor or a language coach?

Yes  No

\* Are you currently student?

Yes  No

\* Do you wish to appear in National Interpreter Registry?

Yes  No

\* Publish personal info (i.e. home address) on website?

Yes  No

## Length of Membership

Please Select One of these Annual Membership Fee (US) Options:

\$60 for 1 year

\$100 for 2 years

\$140 for 3 years

## Name, Email and Contact Information

\*First Name: \_\_\_\_\_

### \*HOME ADDRESS

\*Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Middle: \_\_\_\_\_

City: \_\_\_\_\_

Credentials: \_\_\_\_\_

State/Province: \_\_\_\_\_ Zip: \_\_\_\_\_

Country: \_\_\_\_\_

### \*EMAIL ADDRESS & PASSWORD CHOICE

Primary email: \_\_\_\_\_

### \*PHONE NUMBERS

Select a password for IMIA Web site: \_\_\_\_\_

Home: \_\_\_\_\_

Secondary email: \_\_\_\_\_

Cell: \_\_\_\_\_

**Please note:** IMIA is doing its part to take care of the environment by using email for correspondence as much as possible – it is important that your email address is valid so that you are sure to receive IMIA correspondence. Please make sure to update your email with us if it changes.

Work: \_\_\_\_\_

Pager & ID: \_\_\_\_\_

## Certification Information

Are you nationally certified as a medical/healthcare interpreter?  Yes  No If yes, Certification #: \_\_\_\_\_

If yes, by what Certifying body(ies)? \_\_\_\_\_

## Primary / Present Employment Information

Present Employment: \_\_\_\_\_

Street Address: \_\_\_\_\_ Company \_\_\_\_\_ Job Title \_\_\_\_\_ Department \_\_\_\_\_  
City: \_\_\_\_\_

State/Province: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

## \*Linguistic Data

What language(s) and by which entity have you been tested in and deemed qualified to interpret in?

1. \_\_\_\_\_ Language/ Entity

2. \_\_\_\_\_ Language/ Entity

3. \_\_\_\_\_ Language/ Entity

\*Have you received any formal training in translation/interpretation?  Yes  No

If yes, where? \_\_\_\_\_ When? \_\_\_\_\_

Do you provide translation services?  Yes  No

If yes, into and from what languages? \_\_\_\_\_

## Other Associations

Are you a member of any other association of interpreters/translators?  Yes  No

If yes, name of organization? \_\_\_\_\_ If yes, since when? \_\_\_\_\_

Do you currently hold a position in any other interpreter association (e.g. Board, Committee or Chair)?

Yes  No If yes, name of organization and position: \_\_\_\_\_

## Education

Highest Level of Education (please check one):

High School  Some College  Associates  Bachelors  Masters  P.H.D.  Graduate Certificate

Field of Study: \_\_\_\_\_

## Committees

Which of these committees would you be interested in joining?

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Conference Committee       | <input type="checkbox"/> Provider Outreach Committee | <input type="checkbox"/> Fundraising Committee         |
| <input type="checkbox"/> Education Committee        | <input type="checkbox"/> Membership Committee        | <input type="checkbox"/> eNews Committee               |
| <input type="checkbox"/> Public Relations Committee | <input type="checkbox"/> Ethics Committee            | <input type="checkbox"/> Medical Terminology Committee |

## For Faster Membership Approval

You may fax this application to 866-406-4642 and pay on line at <http://www.imiaweb.org/ecom/pay.asp>. If payment by check is necessary, please expect a delay in approval of up to 2 weeks. Please make checks payable to IMIA and include the name, address, phone and email of the person the check is for so that we can approve the correct person. Mail to IMIA, PO Box 300, Stow, MA 01775. Bounced checks will incur a \$35 fee. **IMPORTANT:** International members can mail a check in their own currency to the US address below. It does NOT have to be in US Dollars.

IMIA / PO Box 300  
Stow, MA 01775

[info@imiaweb.org](mailto:info@imiaweb.org)  
[www.imiamweb.org](http://www.imiamweb.org)

Tel: 617-636-1798  
Fax: 866-406-IMIA (4642)