



National Translator Association

6868 Vivian St., Arvada, CO 80004

2019-2020 Membership

Name: _____

Company: _____

Address: _____

City, State, Zip _____

Phone & Fax _____

Email _____

Membership dues are \$200 for April 2019 through March 2020. You may have additional newsletters and any other mailings directly for individuals in your organization for \$10 each. Please list their names, addresses, phone number and email addresses on the back.

Become a *Sustaining Member @ \$500 per organization.*

Make checks payable to the National Translator Association or charge your dues to Visa, Mastercard or AMEX. Mail this form with payment to the address above.

Name & # on card _____

Expiration date _____ Security Code _____

Amount charged _____

Questions may be addressed to Susan Hansen @ 303-378-8209

Email: shansen885@aol.com