



THE ASSOCIATION OF TITLE IX ADMINISTRATORS
MEMBERSHIP REGISTRATION FORM

New Membership

Membership Renewal

Super Member

<i>Super Member Institutional Membership</i> _____	\$5,000
<i>Full Institutional/K-12 District Membership</i> _____	\$2,499
<i>Full Institutional/K-12 District Three Year Membership</i> _____	\$6,250
<i>Full Individual Membership</i> _____	\$599
<i>Full Individual Three-Year Membership</i> _____	\$1,499
<i>Investigator Membership</i> _____	\$249
<i>504 Coordinator Membership</i> _____	\$199
<i>Victim/Survivor Advocate & Prevention Educator Membership</i> _____	\$149
<i>K-12 Educator and Administrator Membership</i> _____	\$149
<i>Student Membership</i> _____	\$29

Membership Information:

Primary Contact Name: _____
 Title: _____
 Institution: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____
 Email: _____

Payment Option A-Pay by Credit Card:

Name on Credit Card: _____
 Billing Address: _____
 City: _____ State: _____ Zip: _____
 Credit Card #: _____
 Expiration Date: _____ Security Code: _____

Payment Option B-Pay by Check:

REQUEST EMAILED INVOICE BE SENT TO: _____

Information on organizational policies, including ATIXA’s rules, can be found via the policies page on our website at:
<https://atixa.org/contact/policies/-membership>

Email with questions to: Meg Calel at members@atixa.org or fax this form to 610-993-0228
ATIXA • 1109 Lancaster Avenue • Berwyn, PA 19312
 phone: 610-644-7858