



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 &amp; 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 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/>

Email with questions to: Meg Caley at [members@atixa.org](mailto:members@atixa.org) Fax this form to 610.993.0228  
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