

Membership Enrollment Form

Return to:

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Please type or print clearly.

Mr./Mrs./Ms.

PREFIX FIRST NAME LAST NAME TITLE

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Select Membership Category

Membership applications and payments received between January 1 and September 1 will be valid for membership through December 31 of the same year. Applications and payments received after September 1 will be valid for membership through December 31 of the following year.

Professor Member

US \$75 Annually

Eligibility: Available to individuals who devote substantially full time to teaching intellectual property at a recognized university or law school.

Student Member

US \$25 Annually

Eligibility: Available to full-time or part-time law students or non-attorney legal students enrolled at a recognized university or law school.

Expected Date of Graduation _____

Degree Program _____

Referred by:

Name _____

Organization _____

Payment *All orders must be prepaid.*

Check enclosed, in U.S. funds, drawn on a U.S. bank, payable to INTA

Wire transfer (See www.inta.org/wiretransfer for details.)

Credit card: American Express Diner's Club Discover MasterCard Visa

CARD NUMBER EXP. DATE

CARD HOLDER'S NAME SIGNATURE

I hereby state that everything on this form is true and correct and I qualify for the class of membership for which I am applying.

Applicant's Signature: _____

As a service to our members, INTA will occasionally send you information and offers via email and fax. Unless you explicitly inform us otherwise, your membership acts as a grant of permission for INTA to send such information to you.

If you have any questions, please call INTA at +1-212-768-9887 or visit the INTA website at www.inta.org/join.