



TAALS

THE AMERICAN ASSOCIATION OF LANGUAGE SPECIALISTS

APPLICATION FOR ASSOCIATE MEMBERSHIP TRANSLATOR

(Must reach the Admissions Secretary by February 15th/September 15th)

1. Last Name: _____ First name: _____

2. Place and date of birth: _____

3. Mailing address: _____

4. Telephone: _____ E-mail _____

5. Professional domicile (City and State / Country): _____

6. Studies and diplomas / certifications (Institutions in which you studied, including countries and dates of diplomas.):

7. Countries in which you have lived: _____

8. Current professional status: Free-Lance Staff

If Staff, indicate the institution where you work: _____

9. Working languages (according to the A, B and C ratings explained below):

Working Languages Ratings

A – Principal active language(s) into which you translate with native fluency.

B – Other active language(s) into which you translate

C – Language(s) from which you translate regardless of difficulties of terminology or idiom.

The undersigned hereby declares that he/she is aware of the obligation s/he incurs in applying

3051 Idaho Avenue, N.W., #425

Washington, D.C. 20016



TAALS

THE AMERICAN ASSOCIATION OF LANGUAGE SPECIALISTS

for admission to The American Association of Language Specialists (TAALS) as an associate member and that he/she undertakes to fulfill these obligations.

Place and date: _____ Signature: _____

TAALS Active Members in good standing who have been members of the Association for at least two years and can attest that the candidate works as a professional translator and supports the mission of TAALS. Active members should state their language combinations.

Active member 1: _____

Place and date: _____ Signature: _____

Active member 2: _____

Place and date: _____ Signature: _____
