|  |  |  |  |
| --- | --- | --- | --- |
| Family name |  | First name |  |

1. **Member categories**

To become a member of ACJT-CALT, you must meet the criteria of one of the following two categories:

a. **Jurist-translator**: Holds an undergraduate degree in law and works in legal translation**;**

b. **Legal translator**:

(i) Holds an undergraduate degree in translation **and** works in legal translation; or

(ii) Holds an undergraduate degree in another field **and** has acquired two years of full-time experience in legal translation.

Please check the membership category that applies to you:

|  |  |
| --- | --- |
|  **🞎** | a. Jurist-translator |
|  **🞎** | b. Legal translator |

Comment: If you meet the criteria for two categories, check only “jurist-translator.”

1. **Mandatory information**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of employer |  |  |  |
| Position |  |  |  |
| Professional address |  |  |  |
| City |  |  |  |
| Province |  |  |  |
| Telephone number |  |  |  |
| Email |  |  |  |
| Area of expertise |  |  |  |
| Source language |  |  |  |
| Target language |  |  |  |
| Professional affiliations |  |  |  |
| Degrees obtained |  |  |  |

1. **Experience in legal translation**

|  |  |  |
| --- | --- | --- |
| **Employer** | **Position held** | **Period** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

1. **Publication authorization**

|  |
| --- |
| **🞎** I consent to ACJT-CALT publishing my contact information in the members’ directory on its website: [www.acjt.ca](http://www.acjt.ca). |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Date |  | Signature |

|  |
| --- |
| **🞎** I do not consent to ACJT-CALT publishing my contact information in the members’ directory on its website: [www.acjt.ca](http://www.acjt.ca). |

|  |  |  |
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|  |  |  |
| Date |  | Signature |

1. **Membership dues and payment methods**

Membership dues are $100 per calendar year and the amount may be paid in two ways:

1. **Payment by PayPal**: Click on the “Send” button at the bottom of the form and follow the instructions;
2. **Payment by cheque**: please contact info@acjt.ca for instructions on how to proceed.

|  |  |
| --- | --- |
| **🞎** | I plan to pay by PayPal. |
| **🞎** | I plan to pay by cheque. |

1. **Signature**

|  |
| --- |
| I certify that all the information provided on this form is accurate to the best of my knowledge. |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Date |  | Signature |