

MEMBERSHIP APPLICATION

Member Directory Profile Information

This information will be displayed on the online searchable Member Directory that is available to the public. ATIA's membership year is from January 1st - December 31st.

***Indicates a Required Field**

Company Name*

Street Address*

Street Address Line 2

City*

State/Province

Other State/Province

If your state or province isn't listed in the dropdown above, please enter below.

Zip/Postal Code*

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Country*

United States

Main Company Phone Number*

800 Number

General Company E-mail Address*

Website*

Company Logo*

Attach company logo to be displayed in Directory and send via email to: membership@atia.org.

(File formats .jpeg and .png are accepted.)

Accepted file types: jpg, jpeg, png.

Company Description*

Enter a description to be displayed in Directory.

0 of 400 max characters

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Company Technology and Business Areas of Focus for Directory search options.
Please select all that apply.

Disability*

- Blindness
- Cognitive
- Communication
- Deaf/Hard of Hearing
- Learning
- Low Vision
- Mobility
- Physical
- Other

Age / Population*

- Early childhood
- School
- Higher education
- Post-Secondary
- Adult
- Senior / Aging
- Other

Environment*

- Academic Institution
- Accessibility
- Home
- Hospital
- Independent Living
- Rehabilitation
- School
- Web accessibility

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- Work
- Other

Contact Information

This information will not be displayed in the public Member Directory. Contact information will be used for communications on member topics such as renewal, news and other member programs.

Primary Contact Information

The Primary Contact is responsible for member renewal.

First Name*

Last Name*

Title*

Email*

Your email address will be your username.

Password*

Enter Password

Confirm Password

Phone Number*

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Contacts

CEO/President or similar role

First Name*

Last Name*

Title*

Email*

Phone Number*

VP/ Director Sales or similar role

First Name

Last Name

Title

Email

Phone Number

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VP/ Director Marketing or similar role

First Name

Last Name

Title

Email

Phone Number

VP/ Director Training or similar role

First Name

Last Name

Title

Email

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Phone Number

Events Manager/ Coordinator or similar role

First Name

Last Name

Title

Email

Phone Number

How did you hear about ATIA?

- Conference
- ATIA Staff
- Web site
- Email
- ATIA Member

Comments / Notes

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Membership Options*

- Small Company Membership - Annual Revenues under \$500K - \$650
- Regular Membership - Annual Revenues of \$500K - \$99M - \$1,250
- Global Regular Membership - Annual Revenues over \$99M - \$4,600
- Associate Publisher * - \$650
- Associate Distributor * - \$200

* Members at the Associate level do not carry association voting privileges and are ineligible to serve as Board Directors.

Premier Listing

- Upgrade my listing to a premier listing +\$1,000.00

Premier listing positions your company listing at the top of the member directory attractively highlighted as a boxed listing. [Learn more.](#)

Promotion Code

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Payment Information

For any questions on the status of your membership application, please contact membership@atia.org.

Payment Method – CHECK

“ATIA is exempt from Federal income tax under Section 501(a) of the Internal Revenue Code, as a Section of 501(c)(6) organization. Membership payments to ATIA are not deductible as charitable contributions, but may be deductible as ordinary and necessary business expenses. Members should consult their tax advisors for further information.”

ATIA Federal ID #77-0482095.

Check - For direct payment all applications should be mailed with the appropriate Membership Fee to:

ATIA - Membership, 8332 Solutions Center, Chicago, IL 60677-8003