



LOUISIANA TECH UNIVERSITY
ASSOCIATION OF INFORMATION TECHNOLOGY PROFESSIONALS

Membership Application

Name: _____

Email: _____

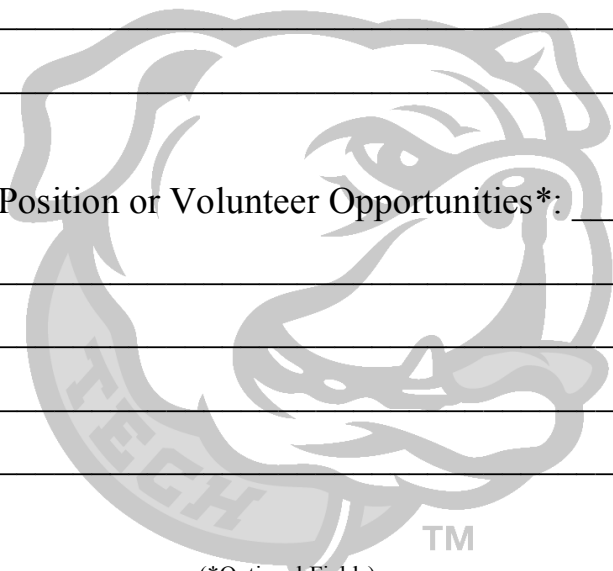
Phone*: _____

Classification: _____

Major: _____

Reason for Joining Louisiana Tech AITP: _____

Interest in Leadership Position or Volunteer Opportunities*: _____



(*Optional Fields)

Please turn in applications to an AITP officer, or email to aitp@latech.edu