Application for Affiliate Membership

Affiliate membership in the International Test Commission (ITC) is open to organizations with interests in educational and psychological testing. These organizations may include test publishers, governmental agencies, consulting firms, laboratories, test consulting companies, or universities (or departments) involved in psychometric work. Affiliate Members can contribute to ITC projects and help shape the direction of the ITC, and Affiliate Members may vote in the election of officers and council members, on constitutional matters, and on other matters that may arise at the general meeting held every two years during the ITC conference.

Affiliate members receive the *ITC Newsletter* (twice a year), and the ITC's quarterly journal, *International Journal of Testing* (four issues per year). In addition, affiliate members are encouraged to participate fully in ITC's publications, symposia, and other projects.

**Affiliate Member Annual Fees:**

<table>
<thead>
<tr>
<th>Category</th>
<th>Fee (US)</th>
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</thead>
<tbody>
<tr>
<td>International organizations</td>
<td>$500</td>
</tr>
<tr>
<td>National organizations</td>
<td>$250</td>
</tr>
<tr>
<td>Other organizations</td>
<td>$100</td>
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Members will be invoiced annually (normally in November of the year prior to the year for which fees are being paid).

Membership fees may be paid online through the ITC website (https://www.intestcom.org/) using a PayPal account or Credit/Debit Card payment through Stripe. Payments can also be made by cheque (in US dollars). *Wired payments are not encouraged.*

Please complete the application form and email it as an attachment to:

secretary@intestcom.org

Alternatively, you can mail it to:

Prof. Paula Elosua  
ITC Secretary-General  
Faculty of Psychology, University of the Basque Country, Avda. Tolosa, 70, 20018 San Sebastian, Spain

DO NOT ENCLOSE ANY PAYMENT WITH YOUR APPLICATION

YOU WILL RECEIVE AN EMAIL REGARDING PAYMENT ONCE YOUR MEMBERSHIP APPLICATION HAS BEEN PROCESSED  
THE EMAIL WILL CONTAIN DETAILS OF HOW YOU CAN PAY
APPLICATION FOR ITC AFFILIATE MEMBERSHIP
(Please print or type your responses)

1. Your Name: __________________________________________
   Your Title: __________________________________________
   Organization: _________________________________________
   Primary Scope of Organization: ______ International ______ National ______ Local
   Address: ____________________________________________
   State or County: ______________________________________
   Zip code or postal code: _________________________________
   Country: ____________________________________________

   Telephone (Including Country code): ______________________
   FAX (Including Country code): __________________________

   Email Address: _______________________________________
   Please complete this clearly. We will contact you via your email address.

2. Countries in Which the Organization Conducts Business:
   _____________________________________________________
   _____________________________________________________
   _____________________________________________________

   Testing related activities conducted or services provided by the organization (circle all which apply):
   Administration  Test Construction  Online Testing
   Contract Work  Data Analyses  Data Interpretations
   Test Consultation  Norming Studies  Research
   Test Distribution  Test Publishing  Validity and Reliability Studies
Identify any published technical, ethical, or professional testing standards that your organization adheres to in test-related work.

How many psychologists or psychometricians in your organization are involved with the use of educational or psychological tests (e.g., selecting, constructing, administering/scoring, interpreting scores)?

Provide the name of one of the senior persons/consultants in your organization who work in the area of testing and indicate their level of psychometric training and experience (i.e., degrees, work experience, recent publications, etc.). Vita or resumé may be submitted instead of completing this question on the application.

Name, Highest Degree and Title:

Professional Experience:

Recent Psychometrically Oriented Activities:

Please provide the names and addresses of two psychologists or psychometricians who we could contact for references for your organization. These two contacts should be of specialists outside of your organization, in order to warrant an independent reference.

Name:

Address:
Please feel free to include other relevant documentation to help us in the review of your application. We hope to be back to you with a membership decision within six weeks.

Please direct any membership questions to the Secretary-General of the ITC:
Prof. Paula Elosua
E-mail: secretary@intestcom.org