



Advancing equity, integrity, and learning

Association of Test Publishers Volunteer Application

Your Name: _____ Your professional title: _____

Your Company/Organization: _____

Your email address: _____

Your mailing address: _____

City: _____ State/Province: _____

Zip/Postal Code: _____ Country/Region: _____

What is your membership type if you or your organization is a member?

_____ Regular _____ Associate _____ Subscriber

Please Indicate areas of interest for volunteering (Feel free to choose more than one)

Practice Area Divisions: ___ Certification/Licensure. ___ Education ___ Industrial/Organizational
___ Workforce Skills Credentialing

Standing Committees:

___ Test Content Infringement and Fraud Subcommittee ___ International Privacy Subcommittee
___ Diversity & Inclusion in Testing (DEI) Committee ___ Europe-ATP Conference Steering Committee
___ Innovations Conference Marketing Committee
___ ATP Standing Marketing Committee ___ Technology-Based Assessment

Special Interest Groups (SIGS): _____ Ed Tech and Accessibility ___ Health Sector SIG



RETURN APPLICATION TO erin.williams@testpublishers.org