



Affiliate Membership Application

American Traffic Safety Services Association

To become an Affiliate member of ATSSA the firm's primary business must be a provider of roadway safety services devices and DOES NOT qualify for any other membership category.

Affiliate Member Dues*

<u>Annual Revenue</u>	<u>Amount</u>
Under \$1 Million	\$690.00
\$1 Million to \$1.9 Million	\$1008.00
\$2 Million to \$2.9 Million	\$1326.00
\$3 Million to \$4.9 Million	\$1751.00
\$5 Million to \$6.9 Million	\$2281.00
\$7 Million to \$8.9 Million	\$2917.00
Above \$9 Million -- Call for dues quote.	

**Dues for Affiliate Members are based on annual revenues from the roadway safety industry. Dues payments may be deductible as a business expense; however, dues are not deductible as charitable expenses for federal income tax purposes.*

Chapter Selection

I would like to receive information for the Chapters indicated below. Select as many as you would like--you will automatically receive information from the state your company is located in.

- | | | |
|--|--------------------------------------|---|
| <input type="checkbox"/> Arizona | <input type="checkbox"/> Illinois | <input type="checkbox"/> New Mexico |
| <input type="checkbox"/> Arkansas | <input type="checkbox"/> Indian | <input type="checkbox"/> Northland (MN, ND, SD) |
| <input type="checkbox"/> California | <input type="checkbox"/> Iowa | <input type="checkbox"/> Northwest (ID, OR, WA) |
| <input type="checkbox"/> Carolinas (NC, SC) | <input type="checkbox"/> Louisiana | <input type="checkbox"/> Ohio |
| <input type="checkbox"/> Colorado | <input type="checkbox"/> Michigan | <input type="checkbox"/> Pennsylvania |
| <input type="checkbox"/> Florida | <input type="checkbox"/> Mississippi | <input type="checkbox"/> Texas |
| <input type="checkbox"/> Georgia | <input type="checkbox"/> Nevada | <input type="checkbox"/> Virginia |
| <input type="checkbox"/> Heart of America (KS, MO) | <input type="checkbox"/> New Jersey | <input type="checkbox"/> Wisconsin |

Fill out form on back →

Step 2. Complete the membership application below. (PRINT OR TYPE)

Company Name _____
Contact Name: Pfx _____ First Name _____ M.I. _____ Last Name _____
Title _____
Mailing Address _____
City _____ State/Province _____ Zip _____
Country _____
Phone _____ Fax _____ Toll Free _____
Email _____ Website _____
Shipping Address if above is a PO Box _____

Please fill out the parent company information if applicable:

Parent Company Name _____
Mailing Address _____
City _____ State/Province _____ Zip _____
Country _____

Please give a brief description (65 words or less) of the primary business functions of your company, the products or services offered.
This will be used in the ATSSA Membership Directory.

The undersigned hereby applies for membership and certifies that they meet all requirements for membership in the class requested. The applicant will be informed in writing when the application is approved. Acceptance of dues does not constitute approval of membership application. Also, in accordance with a new Federal Communication Commissions ruling, your signature below serves as consent for ATSSA to send relevant information to you via facsimile or email.

Name (Print) _____ Title _____
Signature _____ Date _____

Payment: Your first year's dues must accompany this application. *Make checks payable to ATSSA.*

Dues amount from front	\$ _____
*Voluntary contribution to Roadway Safety Advancement Fund	\$ _____
*Suggested level/s of contribution	
<input type="checkbox"/> Gold Level 20% of dues	
<input type="checkbox"/> Silver Level 15% of dues	
<input type="checkbox"/> Bronze Level 10% of dues	
ATSS Foundation Contribution	\$ _____
Total Remittance	\$ _____

My check for \$ _____ is enclosed.

Charge \$ _____ to my:

VISA MC Discover AMEX

Account number: _____

Exp. Date: _____

Cardholder: _____

Authorized Signature: _____

Future Payment Options:

I authorize the American Traffic Safety Services Association (ATSSA) to automatically charge my credit card:

For Affiliate member dues each year on my anniversary date.

This authorization will remain in effect until ATSSA receives my written notification of termination.

Signature: _____

Step 3. Mail or fax application and dues payment to:

American Traffic Safety Services Association
15 Riverside Parkway, Suite 100
Fredericksburg, VA 22406-1022
Phone: 540-368-1701 Fax: 540-368-1717 Web Site: www.atssa.com