



Full Membership Application

American Traffic Safety Services Association

Step 1. Review the member qualifications and the full member divisions and select one division.

Full Member Qualifications: To qualify as a Full Member of this association a firm must derive income through the:

- ◆ manufacture, fabrication, or installation of traffic signs;
- ◆ application of pavement markings;
- ◆ rental, installation and servicing of work zone traffic control and highway safety devices;
- ◆ perform traffic control operations;
- ◆ manufacture or supply roadway safety devices, materials, components or other services.

At least 50% of the revenue from these roadway safety products and services must be from sources other than the parent or affiliated companies.

Full Member Division:

- Pavement Marking Division (PMD)
- Traffic Services Division (TSD)
- Sign Manufacturing Division (SMD)
- Manufacturers and Suppliers Division (MSD)
- Guardrail Services Division (GSD)

Full 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 Full 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"/> Indiana | <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 Communications Commission 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: _____

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

<h3>Future Payment Options:</h3> <p>I authorize the American Traffic Safety Services Association (ATSSA) to automatically charge my credit card:</p> <p><input type="checkbox"/> For Full member dues each year on my anniversary date.</p> <p>This authorization will remain in effect until ATSSA receives my written notification of termination.</p> <p>Signature: _____</p>
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