



American Traffic Safety Services Association

INDIVIDUAL CONSULTANT MEMBER APPLICATION

Dues - \$244.00 per year

Must be a self-employed individual who provides professional services to the roadway safety industry or transportation agency in the areas of accident reconstruction, expert witness, accident analysis or the design and/or inspection of traffic control plans and must not qualify under any other membership category.

Please print or type

Company Name \_\_\_\_\_

Pfx \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_

Phone \_\_\_\_\_ Fax Number \_\_\_\_\_ Toll Free \_\_\_\_\_

E-mail \_\_\_\_\_ Website \_\_\_\_\_

Shipping Address if above is a PO Box \_\_\_\_\_

Your Signature \_\_\_\_\_ Date \_\_\_\_\_

Mail or fax completed application with your payment of \$244.00 to ATSSA headquarters. Dues payments may be deductible as business expenses; however, contributions are not deductible as charitable expenses for federal income tax purposes. Also, in accordance with a new Federal Communications Commission ruling, your signature above serves as consent for ATSSA to send relevant information to you via facsimile and email.

Form with fields for Dues amount from above, Voluntary contribution to Roadway Safety Advancement Fund, Suggested level/s of contribution (Gold, Silver, Bronze), and Total Remittance.

Future Payment Options: I authorize the American Traffic Safety Services Association (ATSSA) to automatically charge my credit card: [ ] For Full member dues each year on my anniversary date. This authorization will remain in effect until ATSSA receives my written notification of termination. Signature: \_\_\_\_\_

[ ] My check for \$\_\_\_\_\_ is enclosed. Make checks payable to ATSSA.

Please charge my: [ ] VISA [ ] MasterCard [ ] Discover [ ] American Express

Account Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Return application with payment to: American Traffic Safety Services Association, 15 Riverside Parkway, Suite 100, Fredericksburg, VA 22406-1022, (800) 272-8772 (540) 368-1701 FAX (540) 368-1717 Web Site: www.atssa.com