



International Membership Application

American Traffic Safety Services Association

Firm must meet the qualifications of either a full, affiliate or traffic engineering & design firm and NOT HAVE an office or do business within the United States.

**ANNUAL DUES:
\$636.00**

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 and email.

Name (Print) _____ Title _____
 Signature _____ Date _____

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

Dues amount from above	\$ _____
*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	
Total Remittance	\$ _____

My check for \$ _____ is enclosed.
 Charge \$ _____ to my:
 VISA MC Discover AMEX
 Account number: _____ Exp. Date: _____
 Cardholder: _____
 Authorized Signature: _____

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