



Traffic Engineering & Design Firm Membership Application

American Traffic Safety Services Association

To qualify as a Traffic Engineering and Design Firm Member, a firm must provide professional traffic engineering, planning and design services to government agencies and/or private industry and must not qualify under any other membership category.

ANNUAL DUES: Annual Revenue Under \$10 Million...\$621.00 \$10 Million, and above.... \$921.00

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 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 | |
| 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