



American Traffic Safety Services Association

# Transportation Agency Official Membership Application

**Membership and benefits apply only to the individual listed on this form.**

To qualify as a **Transportation Agency Official Member** of this association, a person must be either a full-time or retired employee of a public agency at the federal, state or local level or a full-time employee of a utility company or college/university and must not be an employee of or have a fiduciary or pecuniary interest in any legal entity which is eligible for membership in any other category. 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.

**Dues Amount: \$68.00**

Please **PRINT** or **TYPE**

Pfx:             Mr.             Miss             Ms.             Mrs.

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

Agency \_\_\_\_\_

Address Type:     Home             Work             Other - Please Specify \_\_\_\_\_

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

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

Country \_\_\_\_\_

Phone (    ) \_\_\_\_\_ Fax (    ) \_\_\_\_\_

Email \_\_\_\_\_ Web Site \_\_\_\_\_

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Payment:** Your first year's dues must accompany this application.

My check for **\$68.00** is enclosed. **Make checks payable to ATSSA. Checks must be drawn on a U.S. bank.**

Charge \$ \_\_\_\_\_ to my:    VISA     MC     Discover     AMEX

Account Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Cardholder \_\_\_\_\_

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

**Mail or fax application and payment to:**  
American Traffic Safety Services Association (ATSSA)  
15 Riverside Pkwy., Ste. 100  
Fredericksburg, VA 22406-1022  
Phone: 540-368-1701 Fax: 540-368-1717  
Web Site: [www.atssa.com](http://www.atssa.com)

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