

## **Associate Membership Application**

## Step 1. Review membership qualifications.

ociate Member Qualifications: To qualify as an	Associate Member Division: $\square$
ociate Member company, a company must	
vide material testing lab services, or conduct	Contact staff for more information regarding annual
sportation research for public agencies or private-	dues. Robert Dingess (rdingess@safemarkings.com)
or companies or provide crowdsource road safety	540.729.6786
asset data and analytics services to public	
ncies or private companies	
* Annual dues for Associate Members is \$5,000. Associate members of committees and associated subcommittees and task forces. Dues pays expense and are not deductible as charitable expenses for U.S. federa	ments, minus 10% for advocacy, may be deductible as a business
Step 2. Complete the membership application below. (PRINT OR TYPE)	
Contact Name: PfxFirst Name	M.I Last Name
Γitle	
Mailing Address	inceZip
Country. State/Prov.	InceZıp
Phone Fax	Toll Free
Email	Website
Shipping Address if above is a PO Box	
Please give a brief description (65 words or less) of the primar	y business functions of your company.

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