

# Associate Membership Application

**Step 1. Review membership qualifications.**

<p><b>Associate Member Qualifications:</b> To qualify as an Associate Member company, a company must provide material testing lab services, or conduct transportation research for public agencies or private sector companies or provide crowdsource road safety and asset data and analytics services to public agencies or private companies.</p>	<p style="text-align: center;"><b>Associate Member Division</b></p> <p>If you have questions regarding membership, please contact James Baron at (202) 455-5829.</p>
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*\* Annual dues for Associate Members are \$5,000. Associate members are eligible to serve and vote on technical and administrative committees and associated subcommittees and task forces. Dues payments, minus 10% for advocacy, may be deductible as a business expense and are not deductible as charitable expenses for U.S. federal income tax purposes. TMMA sets aside 20% of dues in support of the Traffic Safety Research Institute (TSRI).*

**Step 2. 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 give a brief description (65 words or less) of the primary business functions of your company.

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 TMMA to send relevant information to you via email.

Name (Print) \_\_\_\_\_ Title \_\_\_\_\_

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