



# Membership Application

Complete all information and return via email to membership@ite.org, fax to +1 202-785-0609, or print and send to Institute of Transportation Engineers, 1627 Eye Street, NW, Suite 600, Washington, DC 20006. ITE will send you an invoice for your membership, if applicable. Membership is not active until payment is received. **Please note that if a current ITE member recommend you join, provide that name at the bottom of this form.**

I am applying for ITE membership as a:  Member  Full Time Student

*Please type or print clearly.*

**PERSONAL INFORMATION**  Mr.  Ms.  Mrs.  Miss  Dr.  Hon.  Rev.

First Name, Middle Initial, Last Name   
Date of Birth (Mo/Day/Year)

**BUSINESS/SCHOOL ADDRESS**  Preferred Billing Address  Preferred Mailing Address

Company/School Name   
Job Title

Street Address/P.O. Box

City, State/Province Postal Code Country

Telephone   
Fax   
E-mail

**HOME/PERMANENT ADDRESS**  Preferred Billing Address  Preferred Mailing Address

Street Address/P.O. Box

City, State/Province Postal Code Country

Telephone   
E-mail

**PROFESSIONAL REGISTRATION**  A.I.C.P.  E.I.T.  P.E.  P.Eng.  Other:

## EDUCATION

Bachelor's  Master's  PHD   
Name of College/University

Major Field of Study   
Date/Expected Date of Completion

Bachelor's  Master's  PHD   
Name of College/University

Major Field of Study   
Date/Expected Date of Completion

Bachelor's  Master's  PHD   
Name of College/University

Major Field of Study   
Date/Expected Date of Completion

**Certification:** I hereby apply for ITE membership, and I certify that the information I have provided above and any supplemental information that I may provide in support of this application is true and correct. As a member of ITE, I agree to abide by the ITE Constitution and Canons of Ethics.

Full Name   
Date

**Did a current member of ITE recommend you join? Please provide the name of that individual.**

Full Name