



Membership Application

In order to be eligible for ITE Membership as a Member, you must be in the active practice of transportation engineering or a transportation-related field and either a graduate from a school of recognized standing or, if not a graduate from a school of recognized standing, you will need to have five years of professional experience in transportation engineering or a transportation-related field. 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**

Are you in the active practice of transportation engineering or a transportation related field and a graduate from a school of recognized standing? **Yes** **No**
 (if No, you will need to attach a resume to this application providing support for at least 5 years of professional experience in transportation engineering or a transportation related field.)

Personal Information: Dr. Miss Mr. Mrs. Ms. **Professional Registration:** AICP EIT PE PEng Other

First Name, Middle Initial, Last Name

Business/School Address: Preferred Billing Address Preferred Mailing Address

Company/School Name Job Title

Street Address/PO Box

City, State/Province, Postal Code, Country

Telephone Email

Home/Permanent Address: Preferred Billing Address Preferred Mailing Address

Street Address/PO Box

City, State/Province, Postal Code, Country

Telephone Email

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.

Once we receive your application with payment, please allow 1-3 business days for your membership to be activated. You will first receive a series of emails to both welcome you and provide information on how to best make the use of your ITE membership. If you are a new member of ITE, you will also receive a certificate in the mail. If you have any questions related to your membership, please contact membership@ite.org or call us at 1-202-785-0060.