



2007 Membership Form

Thanks for your interest in the Intelligent Transportation Society of Pennsylvania. To better serve our members, our membership classes include **Organizational**, **Affiliate** and **Student** member. Please decide what class best serves your needs and complete the form below. If you have any questions or comments please contact the Membership Chair or log onto www.itspennsylvania.com for more details.

Organizational Membership - Organizational membership shall be open to companies, corporations, associations, governmental agencies, academic organizations and other organizations interested in advancing the purposes of the Chapter. All Organizational members shall have the same rights, privileges, duties, and obligations. Organizational members shall have 2 votes in all matters to be voted on by the members.

Affiliate Membership - Affiliate memberships shall be open to any individual interested in advancing the purposes of the Chapter if the individual's employer is not an Organizational member of the Chapter or if the individual has no employer eligible for membership. Affiliate members shall have 1 vote in all matters to be voted on by the members. Affiliate Memberships are not available to members of organizations with greater than 50 employees.

Student Membership - Student membership is open to full-time university or college students who are interested in advancing the purposes of the Chapter. Student members shall not have voting rights.

Return to:

Steve Rozyckie
 ITS PA Membership Chair
 Gannett Fleming
 P.O. Box 67100
 Harrisburg, PA 17106-7100
 Phone: 717.763.7211 x 2947
 Fax 717.763.8150
 E-mail: srozyckie@gfnet.com

If you are interested in joining ITS PA or are interested in renewing your ITS PA membership for 2007, please check one of the following:

- My organization is interested in an **“Organizational”** membership
 Please check one of the following
 - My organization is NOT an ITS America member and has enclosed a check for \$245 payable to **ITS Pennsylvania**
 - My organization is an ITS America member and has enclosed a check for \$245 payable to **ITS Pennsylvania**.
 - My organization is an ITS America member and would like to designate ITSPA as a “Designated State Chapter.” I have enclosed a check for \$145 payable to **ITS Pennsylvania**. *Please note: an ITS America member can be enrolled in up to three state chapters at a discount or no extra cost, depending on the organization's national dues category. ITSPA provides a \$100 discount to organizations designating ITSPA as one of their three state chapters. Please contact Bryan Schrum, Associate Director of Membership (@800-374-4239 and bschrum@itsa.org) at ITS America if you are unsure of your ITS America and designated state chapter status.*
- I am interested in an **“Affiliate” (Individual)** membership. I have enclosed a check for \$100 payable to **ITS Pennsylvania**.
- I am interested in a **“Student”** membership. I have enclosed a check for \$10 payable to **ITS Pennsylvania**.

Contact Category	Primary Contact Info All Member Classes	Primary Contact Info Organizational Members Only	Secondary (Non-voting) Contact Info Organizational Members Only	Secondary (Non-voting) Contact Info Organizational Members Only
Company				
Name				
Title				
Address				
City, State and Zip Code				
Phone				
Fax				
E-mail				
Committee Interest (please check)	<input type="checkbox"/> Membership <input type="checkbox"/> Events <input type="checkbox"/> Training <input type="checkbox"/> Outreach <input type="checkbox"/> Legislative Affairs <input type="checkbox"/> Bylaws	<input type="checkbox"/> Membership <input type="checkbox"/> Events <input type="checkbox"/> Training <input type="checkbox"/> Outreach <input type="checkbox"/> Legislative Affairs <input type="checkbox"/> Bylaws	<input type="checkbox"/> Membership <input type="checkbox"/> Events <input type="checkbox"/> Training <input type="checkbox"/> Outreach <input type="checkbox"/> Legislative Affairs <input type="checkbox"/> Bylaws	<input type="checkbox"/> Membership <input type="checkbox"/> Events <input type="checkbox"/> Training <input type="checkbox"/> Outreach <input type="checkbox"/> Legislative Affairs <input type="checkbox"/> Bylaws

* **Organizational members** please attach additional secondary contacts

Please process the above chapter membership. Below is my signed authorization.

Signature _____ Date _____

Printed Name _____

FOR INTERNAL USE

Date received: _____

- Contact information added to data base
- Interest forwarded to committees (if applicable)
- Confirmation sent to contacts
- Dues received (if applicable)
- Confirmed ITSA “Designated State Chapter” status (if applicable)
- Dues sent to treasurer (if applicable)