



**OREGON SECTION
INSTITUTE OF TRANSPORTATION ENGINEERS**

**APPLICATION FOR
AFFILIATE MEMBER**

To become an Affiliate Member of the Oregon Section, complete this form and include a check for \$25.00 payable to "Oregon Section ITE". Send the completed form and check to:

Oregon Section ITE
P.O. Box 355
Portland, OR 97207-0355

For more information and questions, please contact Kristin Austin (Kristin.Austin@fhwa.dot.gov)

Date of Application: _____ For Calendar Year: _____

Name: _____ Position: _____

Agency/Company: _____

Mailing Address:

Telephone No: _____

Fax No: _____

Cell No: _____

E-Mail: _____

Affiliate members will receive the meeting announcements and member registration rates at section functions. Membership is for the calendar year.

I am also interested in learning more or helping with:

- | | |
|--|--|
| <input type="checkbox"/> Membership Committee | <input type="checkbox"/> Website |
| <input type="checkbox"/> Publicity/Special Events | <input type="checkbox"/> Legislative Committee |
| <input type="checkbox"/> Newsletter | <input type="checkbox"/> Technical Committee |
| <input type="checkbox"/> Scribe | <input type="checkbox"/> Student Chapters |
| <input type="checkbox"/> Traffic Control Devices Committee | <input type="checkbox"/> _____ |

Office Use

Application received by: _____ Date: _____

Affiliate membership approved by: _____ Date: _____

Paid Name added to roster Applicant notified Date: _____