

MEMBERSHIP APPLICATION / RENEWAL FORM

Join ITS Midwest today and play a role in shaping the future of transportation!



Membership in ITS Midwest is open to organizations and individuals. Chapters like ITS Midwest play a key role in outreach, education, and support for ITS technical and planning activities. Annual membership fees are \$250 for each organization or \$75 for each individual. Individuals not affiliated with an organization may become members of the chapter for a reduced cost of \$75 per year.

We encourage you to join or renew online. It's fast and convenient, provides all membership options, and includes the ability to pay by check or credit card.

Past Members Renew Here: <https://www.123signup.com/renew?Org=itsmidwest>

New Members Apply Here: <https://www.123signup.com/enroll?Org=itsmidwest>

If you do not apply online, a check must accompany this application. Mailing directions are provided at the end of this application. For further information about joining and the benefits of membership in ITS-Midwest, contact Scott Lee, ITS Midwest President at (630) 796-3991 or slee@transmartinc.com.

1. I would like to join ITS Midwest as (select one):

- Corporate Member* (\$250)
- Individual Member (\$75)

*A corporate member is defined as a corporation, a government agency, an academic institution, a consultant firm or a sole proprietorship desiring to have more than one member. The membership fee for organizations allows each member to include an unlimited number of individuals who will receive regular mailings and be entitled to all membership benefits. Each organization must designate a primary contact person.

2. Primary Contact (or individual member):

Company _____
Name _____
Title _____
Address _____
City _____ State _____ Zip _____
Phone _____ Fax _____ E-
mail _____

3. Secondary Contacts: (List additional individuals for membership if applying for corporate membership. Please make a copy of the form if more than 12 individuals will be listed as additional corporate members.)

Name _____
Title _____
Address _____
City _____ State _____ Zip _____
Phone _____ Fax _____
E-mail _____

Name _____
Title _____
Address _____
City _____ State _____ Zip _____
Phone _____ Fax _____
E-mail _____

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City _____ State _____ Zip _____
Phone _____ Fax _____
E-mail _____

4. Please indicate your organization type below:

- | | | | |
|------------------------------|--------------------------|---------------------------|--------------------------|
| Academia | <input type="checkbox"/> | Public Sector Agency | <input type="checkbox"/> |
| Association | <input type="checkbox"/> | Private Sector Consultant | <input type="checkbox"/> |
| Contractor/System Integrator | <input type="checkbox"/> | Private Sector Vendor | <input type="checkbox"/> |
| Individual | <input type="checkbox"/> | Other | <input type="checkbox"/> |

5. Method of payment:

Please send payment (\$250 – Corporate, \$75 individual) by check made payable to: **ITS Midwest**. Anyone requiring special billing or payment arrangements should contact Bini William, Treasurer, at (847) 925-0120 x1075.

Please send this application and payment to:

ITS Midwest
c/o Parsons
Attention: Bini William
650 E. Algonquin Rd, Suite 400
Schaumburg, IL 60173-3853