



ITS Rocky Mountain Chapter - Application for Membership

Please complete all sections.

SECTION I: Membership Class (select one)

Individual (Private Sector) – Open to persons employed within the private sector. Each Individual Member shall have one vote in all matters to be voted on by the members.

ITS America Member? YES NO

If **yes**, you may be eligible for a \$100.00 discount on your State Chapter dues from ITS America. Please contact our administrative services team for more details.

If **no**, your dues are \$235.00. Please fill out Section II and mail this form, along with payment, to the address below.

Individual (Public Sector) – Open to city, county, state, federal, and public university employees. Each Individual Member shall have one vote in all matters to be voted on by the members.

ITS America Member? YES NO

If **yes**, you may be eligible for a \$100.00 discount on your State Chapter dues from ITS America. Please contact our administrative services team for more details.

If **no**, your dues are \$135.00. Please fill out Section II and mail this form, along with payment, to the address below.

Business – Open to private sector business. Each business shall designate up to three “Business Representatives” to represent the business and vote in all matters to be voted on by the members. Each Business shall have no more than three voting members.

ITS America Member? YES NO

If **yes**, you may be eligible for a \$100.00 discount on your State Chapter dues from ITS America. Please contact our administrative services team for more details.

If **no**, your dues are \$405.00*. Please list your primary contact (Business Representative) in Section II (additional representatives should be listed below) and mail this form, along with payment, to the address below.

2nd Business Representative:

3rd Business Representative:

NAME _____

NAME _____

TITLE _____

TITLE _____

BUSINESS _____

BUSINESS _____

ADDRESS _____

ADDRESS _____

CITY, STATE, ZIP _____

CITY, STATE, ZIP _____

PHONE _____

PHONE _____

FAX _____

FAX _____

EMAIL _____

EMAIL _____

*Please note that Business Members may designate up to five “Business Affiliates” for an additional cost of \$25.00 each. Affiliate Members have no voting rights.

Affiliate Members:

- 1) _____
NAME/TITLE _____ EMAIL _____
- 2) _____
NAME/TITLE _____ EMAIL _____
- 3) _____
NAME/TITLE _____ EMAIL _____
- 4) _____
NAME/TITLE _____ EMAIL _____
- 5) _____
NAME/TITLE _____ EMAIL _____

Organizational – *Open to public sector organizations – i.e., governmental agencies, universities, etc. Each organization shall designate up to three “Organizational Representatives” to represent the organization and vote in all matters to be voted on by the members. Each organization shall have no more than three voting members.*

ITS America Member? YES NO

If **yes**, you may be eligible for a \$100.00 discount on your State Chapter dues from ITS America. Please contact our administrative services team for more details.

If **no**, your dues are \$405.00*. Please list your primary contact (Organizational Representative) in Section II (additional representatives should be listed below) and mail this form, along with payment, to the address below.

2nd Organizational Representative:

3rd Organizational Representative:

NAME

TITLE

ORGANIZATION

ADDRESS

CITY, STATE, ZIP

PHONE

FAX

EMAIL

NAME

TITLE

ORGANIZATION

ADDRESS

CITY, STATE, ZIP

PHONE

FAX

EMAIL

*Please note that Organizational Members may designate up to five “Organizational Affiliates” for an additional cost of \$25.00 each. Affiliate Members have no voting rights.

Affiliate Members:

- 1) _____
NAME/TITLE _____ EMAIL _____
- 2) _____
NAME/TITLE _____ EMAIL _____

3)	_____	_____
	NAME/TITLE	EMAIL
4)	_____	_____
	NAME/TITLE	EMAIL
5)	_____	_____
	NAME/TITLE	EMAIL

Public Associate – *Open to public sector organizations that are members of another state chapter*. Each organization shall designate up to three “Associate Representatives” to represent the organization and vote in all matters to be voted on by the members. Each organization shall have no more than three voting members.*

*Must attach proof of membership in another chapter to qualify (i.e., paid invoice, dues statement, etc.). Documentation must be dated within the past year and copies are acceptable. Public Associate dues are \$205.00.

Please list your primary contact (Associate Representative) in Section II (additional representatives should be listed below) and mail this form, along with payment, to the address below.

2nd Associate Representative:

3rd Associate Representative:

NAME

TITLE

ORGANIZATION

ADDRESS

CITY, STATE, ZIP

PHONE

FAX

EMAIL

NAME

TITLE

ORGANIZATION

ADDRESS

CITY, STATE, ZIP

PHONE

FAX

EMAIL

NEW Student Chapter – *Open to full-time university students. Students do not have voting rights.*

Chapter dues are \$50.00. Please fill out Section II and mail this form, along with payment, to the address below.

University/College: _____

Please provide the name of your Chapter Advisor as well as the names of founding officers (President, Vice-President, Secretary and Treasurer):

Chapter Advisor:

President:

NAME

TITLE

UNIVERSITY/COLLEGE

ADDRESS

CITY, STATE, ZIP

NAME

EMAIL

Vice-President:

NAME

EMAIL

PHONE

FAX

EMAIL

Secretary:

NAME

EMAIL

Treasurer:

NAME

EMAIL

Student – *Open to full-time university students. Students do not have voting rights.*

Member of Student Chapter? **YES** **NO**

If **yes**, please list the name of your chapter here: _____

As a member of a student chapter, your membership dues are waived. Continue to Section II.

If **no**, your dues are \$25.00. Please fill out Section II and mail this form, along with payment, to the address below.

SECTION II: Contact Information – enter the contact information for the person applying for an individual or student membership or the primary contact for an business, organizational or public associate membership.

NAME

TITLE

ORGANIZATION

PHONE

ADDRESS

FAX

SUB-ADDRESS

EMAIL

CITY, STATE, ZIP

Mail this application and payment (made payable to ITS Rocky Mountain) to:

ITS Rocky Mountain Chapter
c/o Sage Enterprises
P.O. Box 2083
Missoula, MT 59806

Have a question or need further information on ITS America State Chapter discounts?

Phone: (406) 273-7224

Fax: (406) 273-2494

Email: membership@itsrm.org