



Independent Manufacturers Representative Individual/Firm Membership Application

American Traffic Safety Services Association

Step 1. Review the Independent Manufacturers Representative Individual and Firm Membership eligibility qualifications:

***INDIVIDUAL:** Must be a self-employed individual and must represent, but not stock or distribute, the products of at least one (1) ATSSA member company.*

***FIRM:** An entity must represent, but not stock or distribute, the products of at least one (1) ATSSA member firm, company or business entity. The maximum number of a Firm's full time Representatives or Partners eligible for ATSSA member benefits as part of the FIRM rate is 5.*

In accordance with a new Federal Communications Commission ruling, your signature below serves as consent for ATSSA to send relevant information to you via facsimile and email.

Step 2. Complete Membership application below

Please print or type

Individual or Firm* Primary Contact:

Company Name _____

Pfx; _____ First Name _____ M.I. _____ Last _____

Mailing Address _____

City _____ State/Province _____ Zip _____

Country _____

Phone _____ Fax Number _____ Toll Free _____

E-mail _____ Website _____

Shipping Address if above is a PO Box _____

Your Signature _____ Date _____

(*For Independent Manufacturers Representative FIRM, please forward to ATSSA additional member information)

With the request and approval of your membership, you are agreeing to abide by the Association's Code of Ethics which you will receive in your new member welcome kit. This Code of Ethics establishes the principles and standards of conduct as a member of ATSSA.

PLEASE COMPLETE MEMBERSHIP PAYMENT INFORMATION ON BACK →

Payment: Your first year's dues must accompany this application. ***Make checks payable to ATSSA.***

Independent Manufacturers Representative Individual and Firm Membership Annual Rates:

☐ **INDIVIDUAL** **\$215.00**
☐ **FIRM** **\$415.00**

My check for \$_____ is enclosed.

Charge my card \$_____

☐ VISA ☐ MC ☐ AMEX

Account number: _____

Exp. Date: _____

Cardholder: _____

Authorized Signature: _____

Membership Dues amount \$_____

Dues, contributions or gifts to ATSSA are not tax deductible as charitable contributions for income tax purposes. ATSSA estimates that the nondeductible portion of your dues allocable to lobbying is 10%.

***Additional voluntary contribution to RSAF (Roadway Safety Advancement Fund)** \$_____

***Suggested level/s of contribution**

- ☐ *Gold Level 20% of dues*
☐ *Silver Level 15% of dues*
☐ *Bronze Level 10% of dues*

ATSS Foundation Contribution \$_____

A suggested contribution of 10% of your dues is 100% tax deductible.

Total Remittance \$_____

Chapter Selections

I would like to receive information for the Chapters indicated below. Select as many as you would like – you will automatically received information for any active Chapter for the state in which your Agency is located.

- | | | |
|--|---|--|
| <input type="checkbox"/> Arizona | <input type="checkbox"/> Iowa | <input type="checkbox"/> Rocky Mountain (CO, WY) |
| <input type="checkbox"/> Arkansas | <input type="checkbox"/> Nevada | <input type="checkbox"/> Texas |
| <input type="checkbox"/> California | <input type="checkbox"/> New England (CT, MA, ME, NH, RI, VT) | <input type="checkbox"/> Virginia |
| <input type="checkbox"/> Carolinas (NC, SC) | <input type="checkbox"/> New Mexico | <input type="checkbox"/> Wisconsin |
| <input type="checkbox"/> Florida | <input type="checkbox"/> Northland (MN, ND, SD) | |
| <input type="checkbox"/> Georgia | <input type="checkbox"/> Northwest (ID, OR, WA) | |
| <input type="checkbox"/> Heart of America (KS, MO) | <input type="checkbox"/> Ohio | |
| <input type="checkbox"/> Illinois | <input type="checkbox"/> Pennsylvania | |
| <input type="checkbox"/> Indiana | | |

☐ I am interested in information on establishing an ATSSA Chapter in my state/region.

Step 3. Mail or fax application and dues payment to:

American Traffic Safety Services Association
Attn: Member Services
15 Riverside Parkway, Suite 100
Fredericksburg, VA 22406-1022
Phone: 540-368-1701 Fax: 540-368-1717
Web Site: www.atssa.com

INDEPENDENT MANUFACTURERS REPRESENTATIVE FIRM MEMBER INFORMATION:

Company Name _____

Pfx; _____ First Name _____ M.I. _____ Last _____

Mailing Address _____

City _____ State/Province _____ Zip _____

Country _____

Phone _____ Fax Number _____ Toll Free _____

E-mail _____ Website _____

Shipping Address if above is a PO Box _____

Pfx; _____ First Name _____ M.I. _____ Last _____

Mailing Address _____

City _____ State/Province _____ Zip _____

Country _____

Phone _____ Fax Number _____ Toll Free _____

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