



**ITS MARYLAND MEMBERSHIP APPLICATION**

**Member Information:** Primary Contact: \_\_\_\_\_

Title: \_\_\_\_\_ Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

**ITS Maryland Affiliation**

Organization Type (select one):

**Amount  
Due:**

- Private sector (\$350) \_\_\_\_\_
- Public sector (federal, state, local government; college/university; Metropolitan planning organization) (\$200) \_\_\_\_\_
- Individual member, not affiliated with any ITS Maryland Member (\$150) \_\_\_\_\_
- Student member, not affiliated with any ITS Maryland member (\$10) \_\_\_\_\_

**ITS America Affiliation or your organization**

1. Are you a member of ITS America?
2. If Yes, have you designated ITS Maryland as one of your state chapters?
3. If Yes, you will receive a **\$100** credit once we have confirmed that you are indeed a member of ITS America.

**TOTAL DUE**                      \$ \_\_\_\_\_

**Payment Information** (select one):

- By Mail:** Mail this application with a check made out to “ITS Maryland” for the TOTAL DUE to:  
Carly Keane  
University of Maryland, Transportation Technology Transfer Center (T2) Center  
Technology Ventures Bldg #806 , Suite #2219  
College Park, MD 20742-6011
- On Line:** A WaveApps invoice will be emailed to you with instructions on how to pay on line.

**Other Contacts:** Private and Public sector members (not individual or student members) can designate up to two additional contacts to receive ITS Maryland materials.

Name	Title		Name	Title	
Address			Address		
City	State	Zip	City	State	Zip
Tel	Fax		Tel	Fax	
E-mail			E-mail		

**Questions:** Direct questions about ITS Maryland membership to Robin Fish, (202) 570-7080, rfish@sabra-associates.com