

Institute of Transportation Engineers – Illinois Section Agency Membership Application

Dear Agency Contact:

The ITE Illinois Section is offering affiliated governmental agency memberships to agencies that would have multiple employees interested in membership. ITE members are employed in the public sector at the federal, state and provincial departments of transportation, and at hundreds of municipal governments, counties, and metropolitan planning organizations. In the private sector, ITE members are employed by consulting firms, universities, and equipment manufacturers and suppliers throughout the world. ITE can link you to this network of people who can help you get the information you need to do your job, advance your career and serve your profession.

We are offering governmental agencies a special annual affiliate membership rate of \$100 for 6 persons and \$15 for every additional person. For agencies with less than 6 persons requesting affiliate membership, the rate is \$20 per person. Attached is a brochure listing the activities of the section and you can visit our website at www.ilite.org.

How can ITE benefit my agency?

- **Your agency has a formal relationship with a major international transportation society**
- **Membership Dues at a predictable cost**
- **Agency membership dues provide a significant savings over individual membership dues**
- **Your members receive a free luncheon and recognition at an introduction meeting**
- **You provide a significant employee benefit and enhance your agency's overall professional quality**
- **Quarterly newsletter with technical news, Section information, and job prospects**
- **Participation in committees and councils**
- **Networking with fellow engineering professionals**

The attached form is the application for local Affiliate Agency Member Application. If you have any questions, you may contact any of the Section Board Officers found on the Section's website at <http://www.ilite.org/officers/officers.htm>

IITE – ILLINOIS SECTION
 AFFILIATED AGENCY MEMBERSHIP APPLICATION

Agency _____

MEMBERSHIP CONTACT

Name _____

Title _____

Mailing Address _____

Email Address _____

City _____ State _____ Postal Code _____

Telephone _____ FAX: _____ email: _____

BILLING CONTACT

Name _____

Title _____

Mailing Address _____

City _____ State _____ Postal Code _____

Telephone _____ FAX: _____ email: _____

Please list all staff members to be included in membership. Add additional sheets as necessary.

Name	Title	Email Address	Currently an ITE International Member? (Yes or No)