ITS TENNESSEE MEMBERSHIP APPLICATION



NOTE: All registrations may be completed on-line at www.itstn.org or by returning this completed form along with payment.

ORGANIZATION MEMBERSHIP (attach a list of all individuals in addition to the primary contact to be included from your Organization – show address, phone and fax)

Primary Contact Na	<u> </u>			
Primary Contact Tit	le			
Address				
City		State	Zip	Code
Phone	_ Fax		email	
ITS America Member (Yes	or No)			
Organization Type (Circle)	Public Agency	Private	Sector	Association
	University	Other		
Organization Cost - \$100. address below.	Make checks p	ayable to ITS	Tennesse	e and send to th
ENT MEMBERSHIP				
Student Name		University		
Address				
City		State	Zip	Code

INDIVIDUAL MEMBERSHIP (separate from Organizational membership) - For individual memberships, please make request in writing with justification to address below. Individual Memberships are intended only for persons who cannot join as part of an organization or as a student.

Return To: ITS Tennessee

860 Visco Drive

Nashville, TN 37210-2150

ORGANIZATION INDIVIDUALS (in addition to the Primary Contact)



Orga	anization Name					
1.	Additional Name 1			_Title		
	Address					
	City		State		Zip Code	
	Phone	Fax		email		
2.	Additional Name 2			Title		
	Address					
					Zip Code	
	Phone	Fax		email		
3.	Additional Name 3			Title		
	Address					
					Zip Code	
	Phone	Fax		email		
1.	Additional Name 4			Title		
	Address					
	City		State _		Zip Code	
5 .						
	Address					
	City		State _		Zip Code	
	Phone	Fax		email		