



Transportation Agency, Research, or Association  
**Official Membership Application**  
GEOSPATIAL TRANSPORTATION MAPPING ASSOCIATION

**Complete the membership application below. (PRINT OR TYPE)**

To qualify as a Transportation Agency, Research, or Association Official Member of this association, a person must be either a full-time or retired employee of a public agency at the federal, state or local level, or a full-time employee or affiliated with a college/university, or a 501(c)3 membership association and must not be an employee of or have a fiduciary or pecuniary interest in any legal entity which is eligible for membership in any other category.

**ANNUAL DUES: \$50**

Please PRINT or TYPE

Contact Name: Pfx. \_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_ Last Name \_\_\_\_\_ Title \_\_\_\_\_

Agency/University (College) \_\_\_\_\_

Address Type:  Home  Work  Other – Please Specify \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_

State/Province \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Toll Free \_\_\_\_\_

Email \_\_\_\_\_ Website \_\_\_\_\_

Shipping Address if above is a PO Box

Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>Dues amount</b>	<b>\$ 50</b>	
My Check for	\$_____ is enclosed.	
Or...		
Charge my card	\$_____	
<input type="checkbox"/> VISA	<input type="checkbox"/> MC	<input type="checkbox"/> AMEX
Account number:	_____	
Exp. Date:	_____	
Cardholder:	_____	
Authorized Signature:	_____	

Yes, I am willing to serve on GTMA Technical Committees and Task Forces.

**Mail or fax application and dues payment to:**  
Geospatial Transportation Mapping Association (GTMA)  
P.O. Box 148  
Hartwood VA 22471

GTMA Phone: 540-752-9600  
GTMA Fax: 540-752-9400  
GTMA webwite: www.usgtma.com