

Complete all information and send to: Institute of Transportation Engineers, 1627 I ("Eye") Street, NW, Suite 600, Washington, DC 20006; Phone +1 202-785-0060; Fax +1 202-785-0609.

# ite Membership Application

**Minimum Requirements for ITE Voting Membership:** You must have an undergraduate or graduate degree in a transportation related field from a school of recognized standing and you must be active in transportation or traffic engineering work, **OR** if you do not have an undergraduate or graduate degree in a transportation related field, you must have five years of professional experience in transportation or traffic engineering work.

**Minimum Requirements for ITE Non-Voting Membership:** You must be engaged in traffic or transportation engineering work **OR** you must be employed in a related field and contribute to the work of or assist transportation professionals **OR** you must be employed in commerce or industry with an interest in the transportation profession.

ITE has several grades of membership. You will be granted the appropriate grade based on your education and experience. We may ask for additional information if we cannot determine your eligibility for membership from the information provided.

We look forward to welcoming you to ITE!

### Work Address

Name (First/Middle Initial/Last)  Mr.  Ms.  Mrs.

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Job Title Firm/Agency

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Address

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City State/Province Zip/Postal Code Country

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Business Phone (    ) Ext. Business Fax (    )

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E-mail Address Date of Birth (Mo/Day/Year)

### Home Address (Please complete only if you wish to have your ITE mail sent here):

Address

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City State/Province Zip/Postal Code Country

### Professional Registration

A.I.C.P.  E.I.T.  P.E.  P.Eng.  Other (Please describe)

### Educational Background

Name of College/University	Major	Date Earned or Expected	Degree Earned or Expected*	ITE use only

*\*If no degree was received, indicate percentage of work completed toward degree.*

**Important:** Applicants who are not applying as students must attach a chronological resume or complete the employment information on the reverse side.

**Certification:** I hereby apply for ITE membership, and I certify that the information I have provided above and any supplemental information that I may provide in support of this application is true and correct. If my membership application is accepted, I agree to abide by the ITE Constitution and Canons of Ethics.

Signature Date

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Application Provided by: \_\_\_\_\_

# Employment Information

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If you do not attach a chronological resume, please complete this section. Start with your current position and work back. Do not list schooling or work during summers between undergraduate semesters.

1

Job Title \_\_\_\_\_ Firm/Agency \_\_\_\_\_

Business Address \_\_\_\_\_

Supervisor \_\_\_\_\_ Dates Employed \_\_\_\_\_

Job Description \_\_\_\_\_

2

Job Title \_\_\_\_\_ Firm/Agency \_\_\_\_\_

Business Address \_\_\_\_\_

Supervisor \_\_\_\_\_ Dates Employed \_\_\_\_\_

Job Description \_\_\_\_\_

3

Job Title \_\_\_\_\_ Firm/Agency \_\_\_\_\_

Business Address \_\_\_\_\_

Supervisor \_\_\_\_\_ Dates Employed \_\_\_\_\_

Job Description \_\_\_\_\_

4

Job Title \_\_\_\_\_ Firm/Agency \_\_\_\_\_

Business Address \_\_\_\_\_

Supervisor \_\_\_\_\_ Dates Employed \_\_\_\_\_

Job Description \_\_\_\_\_