

Hardship Application for Dues Deferral

Membership ID No.: _____

Name: _____

Street Address: _____

City: _____ State/Province: _____

Zip/Postal Code: _____ Country: _____

Telephone: (____) _____ E-mail: _____

_____ I am currently not employed in a transportation position and am actively seeking to find satisfactory employment within the transportation field.

In applying to have my membership dues deferred, I understand that as soon as I gain a full time position in transportation that I am responsible for paying annual dues that will be pro-rated for the remainder of that calendar year.

Signature: _____ Date: ____/____/____
(MO) (DT) (YR)

Please return to:
Jennifer Childs
Membership Associate–Data Services
Fax: +1 202-785-0609
jchilds@ite.org