



# 2009 Application for Student Membership



**INSTITUTE OF TRANSPORTATION ENGINEERS**

Please check one:  Mr.  Ms.  Mrs.

NAME \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

First M.I. LAST Month/Day/Year  
ADDRESS FOR ITE MAIL: \_\_\_\_\_

Street/P.O. Box \_\_\_\_\_ Apartment No. \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Country \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

HOME (PERMANENT) ADDRESS:

Street/P.O. Box \_\_\_\_\_ Apartment No. \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Country \_\_\_\_\_ Postal Code \_\_\_\_\_

NOW ATTENDING:

Name of College/University: California State University, Sacramento Degree Being Sought: \_\_\_\_\_

Major Field of Study: \_\_\_\_\_ Expected Date of Completion: \_\_\_\_\_  
Month/Year

PRIOR COLLEGE/UNIVERSITY EDUCATION:

College/University: \_\_\_\_\_ Degree/Major: \_\_\_\_\_ Date of Degree: \_\_\_\_\_  
Month/Year

College/University: \_\_\_\_\_ Degree/Major: \_\_\_\_\_ Date of Degree: \_\_\_\_\_  
Month/Year

**Have you ever been a member of the Institute of Transportation Engineers?**  Yes  No  
If "yes," please provide membership number, if known: \_\_\_\_\_

With this application I apply for student membership in the Institute of Transportation Engineers. I am enrolled as a student in a transportation or traffic engineering program; I am a member of the student chapter of the Institute at my school (if one exists); and have less than one year's experience in transportation or traffic engineering. (If you have one or more years experience, you are eligible for another grade of membership and ineligible for student membership. Please apply for appropriate grade using designated ITE membership application form available from ITE Headquarters.) If my membership application is accepted, I agree to abide by the ITE Constitution.

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

This is to certify that the applicant is enrolled in a transportation or traffic engineering related program, is a member of the student chapter of the Institute (if one exists), and is not eligible for another grade of membership in the Institute.

Signature of Student Chapter Advisor or Department Head: \_\_\_\_\_

- ➔ **Sac State ITE Membership**
  - FREE first year for new members
  - \$5 per year for returning members
- ➔ **International ITE Membership (optional)**
  - FREE first year for new members
  - \$20 per year for returning members

Total \$ \_\_\_\_\_

PLEASE RETURN FORM WITH DUES PAYMENT TO:  
**Stephen Nelson**  
Student Chapter President  
[stephen.nelson@hotmail.com](mailto:stephen.nelson@hotmail.com)  
**Professor Shafizadeh, Faculty Advisor**  
4021 Riverside Hall; (916) 278-5348  
[shafizadeh@csus.edu](mailto:shafizadeh@csus.edu)