



# Institute of Transportation Engineers Arizona Section

## Membership Application

If you have any questions regarding this application, please email Dan Hartig or  
call Dan at 602.275.2655

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Are you applying for International ITE membership? Y / N \_\_\_\_\_ Grade \_\_\_\_\_

This application is for membership in the Arizona Section of ITE. A different application is used  
for membership in International ITE.

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Name (Last, First, MI): \_\_\_\_\_ Birthdate: (mm/dd/yy) \_\_\_\_\_

Firm/Agency of Employment: \_\_\_\_\_

Job Title: \_\_\_\_\_

Enter preferred mailing address below. Is this \_\_\_\_ Home OR \_\_\_\_ Business

Street/PO \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
Box \_\_\_\_\_

City, \_\_\_\_\_ Email: \_\_\_\_\_  
State, ZIP \_\_\_\_\_

Are you currently a member of International ITE?

Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, Grade: \_\_\_\_\_ Section: \_\_\_\_\_

**STOP HERE if you are a current member of International ITE.**

## Educational Background

From Mo/Yr	To Mo/Yr	Name of College or University	Field of Study	Degree*	Year of Degree

\* If no degree received, indicate the appropriate percentage of work completed toward a degree.

Professional Registration:    \_\_\_Engineering    \_\_\_ Planning    Other \_\_\_\_\_

Registered in:

Please indicate name of state or territory.

## Employment Record (Please start with current position and work back five years.)

<b>Employment</b>	<b>Duration</b>	Briefly describe transportation related function performed and responsibility exercised for each position.
Position: Title: Agency/Firm: Supervisor: Supervisor's Address:	<b>From:</b> Mo. Yr.  <b>To:</b> Mo. Yr.	
Position: Title: Agency/Firm: Supervisor: Supervisor's Address:	<b>From:</b> Mo. Yr.  <b>To:</b> Mo. Yr.	

Position:	<b>From</b>	
Title:		
Agency/Firm:	Yr.	
Supervisor:	<b>To</b>	
Supervisor's	Mo.	
Address:	Yr.	

(Use additional pages if needed)

**References:** (Please list three ITE members)

Name	Firm/Agency	Address	Phone

I certify that the information provided on this form is correct.

Applicants' Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Do Not Write Below This Space**

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Application Approved: \_\_\_\_\_ Date: \_\_\_\_\_

Membership Chair:  
 Dan Hartig, Ayres Associates  
 60 East Rio Salado Pkwy, Suite 900  
 Tempe, AZ 85281  
 Ph: 602 275-2655  
 E-Mail: hartigd@ayresassociates.com

Membership Fee: Please send a \$20.00 check made payable to AZITE for your annual section dues along with the completed application to the above address.