



Institute of Transportation Engineers

www.ohioite.org

OHIO SECTION MEMBERSHIP APPLICATION

NAME Mr. _____
Ms. _____
First M.I. Last Registration

DATE OF BIRTH ___/___/___

HOME INFORMATION:

STREET _____
CITY, STATE, ZIP _____
PHONE _____
EMAIL _____

WORK INFORMATION:

EMPLOYER _____
JOB TITLE _____
STREET _____
CITY, STATE, ZIP _____
PHONE _____
FAX _____
EMAIL _____

ITE PREFERRED MAILING ADDRESS: HOME _____ WORK _____

CURRENTLY A MEMBER OF INTERNATIONAL ITE? Y ___ N ___ PENDING ___

IF YES/PENDING, AT WHAT LEVEL? FELLOW ___ MEMBER ___ AFFILIATE ___ STUDENT ___ HONORARY ___

IF YES/PENDING, PROCEED TO SIGNATURE BLOCK.

WORK EXPERIENCE (Information not necessary if Member of International ITE)

EMPLOYER	SUMMARY OF DUTIES	YEARS
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

EDUCATION (Information not necessary if Member of International ITE)

COLLEGE	FIELD OF STUDY	YRS ATTENDED	DEGREE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

REFERENCES (TWO REQUIRED – Must be Ohio Section ITE members)

(Not necessary if Member of International ITE)

I recommend this applicant for membership in the Ohio Section of ITE:

NAME	PHONE	SIGNATURE
_____	_____	_____
_____	_____	_____

SIGNATURE BLOCK

I attest this application has been prepared with complete and accurate information to the best of my knowledge.

APPLICANT'S SIGNATURE _____ DATE _____

PLEASE SEND COMPLETED APPLICATION TO:

David Addison, E.I. DLZ Phone: 614.888.0040 x1241
6121 Huntley Road Email: daddison@dlz.com
Columbus, OH 43229

RECORDS COMMITTEE RECOMMENDATION: Y ___ N ___

SIGNATURE _____ DATE _____

BOARD APPROVAL: Y ___ N ___

SIGNATURE _____ DATE _____