



Washington State Good Roads & Transportation Association 2010 Membership Form

Please return the completed form with payment to:
WSGRTA • PO Box 6514 • Kennewick, WA 99336

New Membership Renewal Membership Additional Delegates

Organization/Business Name: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Business/Corporation/Organization

1st delegate (\$150) • Additional delegates from same organization (\$50 each) for a total of ____ delegates.

Chamber of Commerce/Public Entity

1st delegate (\$100) • Additional delegates from same organization (\$50 each) for a total of ____ delegates.

Civic/Fraternal/Service

1st delegate (\$50) • Additional delegates from same organization (\$50 each) for a total of ____ delegates.

Individual

1 delegate (\$50)

**For more delegates please attach additional
sheet and mark "Additional Delegates"**

Delegate 1

Name: _____ Title: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

I prefer to receive communications, minutes, and newsletters via Email Mail

Delegate 2

Name: _____ Title: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

I prefer to receive communications, minutes, and newsletters via Email Mail

Delegate 3

Name: _____ Title: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

I prefer to receive communications, minutes, and newsletters via Email Mail