



# Washington State Good Roads & Transportation Association 2012 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: \_\_\_\_\_

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## Delegate 2

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

## Delegate 3

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

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